Aging Partners

Area Agency on Aging

Area Plan

July 1, 2016 through June 30, 2019

Annual Budget

July 1, 2016 through June 30, 2017

Grantor:

State Unit on Aging
Division of Medicaid & Long-Term Care
Department of Health & Human Services
P.O. Box 95026
Lincoln, NE 68509

AREA AG	GENCY ON AGING	i:	Agir	g Partners	3	
Application July 1, 2016	n to operate a service and ending Jun	project for older Neb e 30, 2017 in plannin	raskans unde ng and servic AND	er the Older A e area.	mericans Act, as re	eauthorized and
Annual app	plication for support f	or the period beginning	y July 1, 201	5 and ending	June 30, 2017	
Older Ame Act, the Lo Unit of Agir	ricans Act, as amend cal Long-Term Care	with all federal state ed; the Nebraska Com Ombudsman Program; cable rules, regulation	munity Agin policies and	g Services Act /or regulation	t, the Nebraska Ca ns established by th	re Management he HHS-State
GRANTEE	:				of the Area Agendicial authorized to sign	
Name:	Aging Partners			Name:	Mayor Chris Be	1000
Address:	1005 O Street			Address:	555 South 10th	1
City:	Lincoln	, NE Zip	68508	City:	Lincoln	, NE 68508
Phone:	402-441-7070			Phone:	402-441-7511	
Executive	Officer: Rar	idall Jones		9		
	APPLIC	ATION FOR FUNDS	7/1/2016	through	6/30/2017	
III-C(1) - O III-C(2) - H III-D - Dise III-E - Fami VII-Ombuds Other Progr CASA Only, SUBTOTAL Area Agency	ongregate Meals (Lin lome-Delivered Meals ase Prevention & Heal lly Caregivers Suppor sman & Elder Abuse(rams (Line 18a) including Care Mana y on Aging Composite y on Aging Composite	es 17a, 17b, 18a & 18 es 17a, 17b, 18a & 18 (Lines 17a, 17b, 18a & alth Promotion (Lines 17a, Lines 17a, 17b, 18a & gement and Senior Co a Match (Lines 14a-15 a Non-Match(Lines 10- a Gross Cost (Line 9)	8b) & 18b) 17a, 17b, 18 17b, 18a & 18b) ompanion (Line)	18b)	18a, 18c)	\$949,813.00 \$632,384.00 \$277,261.00 \$272,015.00 \$193,322.00 \$5,000.00 \$0.00 \$676,364.00 \$3,006,159.00 \$3,641,080.00 \$1,994,926.00 \$8,642,165.00
	ertify that I am aut	horized to submit th	is application	on and plan		
Signed:	and from				h-63	5-5
Randall S.				Mayor Chri	s Beutler	
Director	//			Mayor		
Aging Partr	ners			City of Linco	oln	

Word Version April 29, 2016

AREA AGE	NCY ON AGING:		Aging	Partners		
Application to July 1, 2016		project for older Nebr 30, 2017 in plannin	askans under g and service AND		nericans Act, as re	authorized and
Annual appli	cation for support fo	r the period beginnin	ς July 1, 2016	and ending	June 30, 2017	
Older Americ Act, the Loca Unit of Aging	cans Act, as amende al Long-Term Care O	vith all federal state a d; the Nebraska Com mbudsman Program; able rules, regulation	munity Aging policies and/	Services Act, or regulations	the Nebraska Car s established by th	e Management e HHS-State
GRANTEE:					of the Area Agenc	
Name:	Aging Partners			Name:	Chris Beutler	
Address:	1005 O Street			Address:	555 South 10th	l
City:	Lincoln	, NE Zip	68508	City:	Lincoln	, NE <u>68508</u>
Phone:	402-441-7070		_	Phone:	402-441-7511	
Executive C	Officer: Ran	dall Jones				
III-C(1) - Co III-C(2) - Ho III-D - Disea III-E - Family VII-Ombudsi Other Progra CASA Only, i SUBTOTAL Area Agency Area Agency Area Agency	ortive Services -(Line ingregate Meals (Line ingregate Meals (Line ingregate Meals) (See Prevention & Heals) (See Prevention & Heals) (See Prevention & Heals) (See Prevention & Elder Abuse(Fams (Line 18a) (See Prevention Care Manager on Aging Composited on Aging Composited (See Prevention Prevent	ATION FOR FUNDS is 17a, 17b, 18a & 18 es 17a, 17b, 18a & 18 (Lines 17a, 17b, 18a lith Promotion (Lines Program (Lines 17a, 17b, 18a & 18	8b) 8b) & 18b) 17a, 17b, 18a , 17b, 18a & 1 & 18b) ompanion (Lin	.8b) nes 17a, 17b,	6/30/2017 18a, 18c)	\$949,813.00 \$632,384.00 \$277,261.00 \$272,015.00 \$193,322.00 \$5,000.00 \$676,364.00 \$3,006,159.00 \$3,641,080.00 \$2,200,311.00 \$8,847,550.00
J - 						
Randall Jor Director Aging Partr			_	Chris Beutl Mayor City of Linc		

Word Version June 21, 2016

- This review was made at the Advisory Committee meeting on April 28, 2016.
- The Advisory Committee for Aging Partners has reviewed the Area Plan Application for this Area Agency on Aging and has the following attached comments.
 Attach other comments on separate pages(s) as needed.

Town their Mectings have added input
to aux clan, Inesaux Commettee
Presentation to advisary Committee
advisary Committee approved
of the pean

Specify groups and/or agencies that have been involved in the development of this plan.
 Attach additional page(s) as needed.

Butler County Senior Services, Fillmore County Senior Services, Polk County Senior Services, Saline County Aging Services, Seward County Aging Services and York County Aging Services.

See Section B.3 for descriptions of methods for engagement in consumer feedback.

Aging Partners Advisory Council recommends that the DHHS State Unit on Aging approve the FY 2017-19 Area Plan.

\boxtimes	Yes		NO
Signed:	Kathy Støkebr	hey and Chair	Stokedrand
Date:	4	-28	-16

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SECTION A

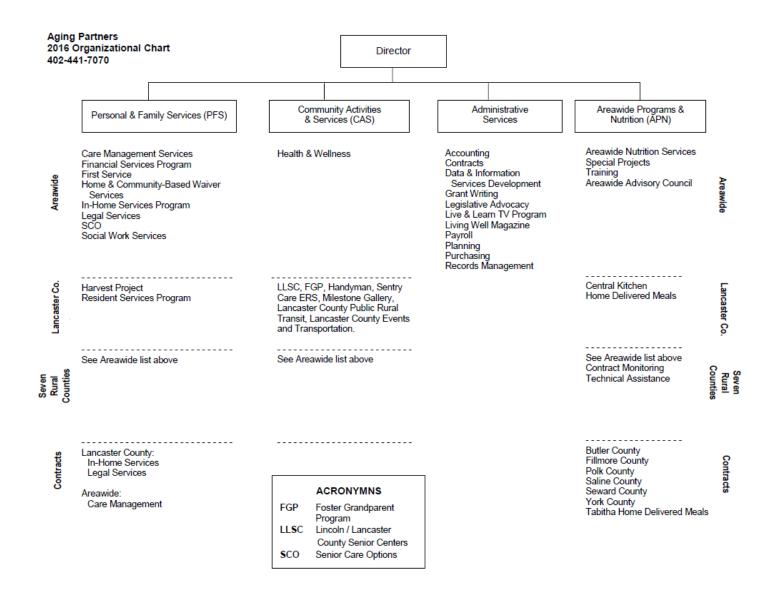
Administrative

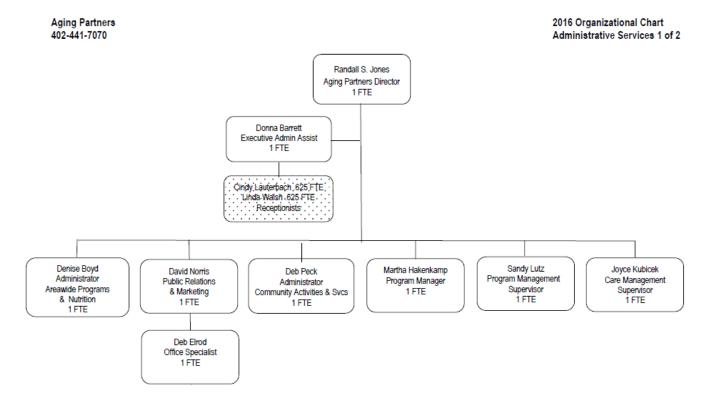
Only submit these documents if they have changed since the Area Plan FY16, or 5-Year Plan submissions:

- a. Governing Board and Advisory Board by-laws
- b. Conflict of Interest Statement / Declaration for Board Members
- c. Advisory members, Staff, and volunteers
- d. A sample Senior Center disaster plan
- e. Disaster Plan for the Area Agency on Aging
- f. Sample contract/s used with services not directly provided by employees and volunteers of the agency.

Section A. 3.	Document Title	Most Recent Submission	No Change / Included
A.3.a.1.	Governing Board by-laws	4/1/2015	No Change
A.3.a.2.	Advisory Board by-laws	4/1/2015	No Change
A.3.b.1.	Conflict of Interest Statement	4/1/2015	No Change
A.3.b.2.	Declaration for Board Members	4/1/2015	No Change
A.3.c.1.	Advisory members list	4/29/2016	Included
A.3.c.2.	Staff list	4/29/2016	Included
A.3.c.3.	Governing Board list	4/29/2016	Included
A.3.d.	Sample Senior Center disaster plan	4/29/2016	Included
A.3.e.	Disaster Plan for the Area Agency on Aging	4/29/2016	Included
A.3.f.	Sample contract	4/1/2015	No Change

Apthorpe, Peggy	402-441-7796	Lauterbach, Cindy	402-441-7028
Barrett, Donna	402-441-6157	Lutz, Sandy	402-441-6590
Bernt, Liz	402-441-3483	Marie, Charlene	402-441-8455
Blasé, Avis	Cell:402-416-9236	McCartney, Melissa	402-441-6125
Boldt, Bobb	i402-441-6683	McCauley, Cathy	402-441-1725
Boyd, Denise	402-441-6160	Meyer, Tom	402-441-8455
Bradley, Tim	402-441-8455	Neeman, Tara	402441-8453
Brandt, Kelle	402-441-7157	Neemann, Al	402-441-6149
Brockmeier, Kathryn	402-441-6135	Niemann, Nancy	402-441-6695
Bridges, Clif	402-441-6161	Norris, Dave	402-441-6156
Brown, Teri	402-441-6137	Oswald, Jon	402-441-3847
Bui, Linh	(VM)402-441-6121	Oswald, Sandy	402-441-6115
Castillo, Nancy	402-441-5521	Pattillo, Perian	402-441-8817
Chamberlain, Paula	Cell:402-416-7693	Peck, Deb	402-441-6158
Chapelle, David	402-441-7151	Pfeifer, Judy	402-441-6076
Cloud, Michael	402-441-8455	Piersol, Vicky	402-441-6148
Cole, Abbey	402-441-6110	Piper, Macelle	402-441-6176
Cooper, Gladys	402-441-6107	Reinwald, Julie	402-441-3481
Cruz, Diana	402-441-7026	Romshek, Becky	402-367-4537
Dailey,Mary	402-441-6141	Scheele, Kathy	402-441-8231
Diers, Shelby (Intern)	402-441-7575	Schlegel, Cathy	402-441-3846
Doan, Houston	402-441-6129	Schumacher, Maggie	402-441-7052
Eden, Jacki	402-441-9319	Sealer, Sophie	402-441-6135
Elrod, Deb	402-441-6146	Spellman, Kasey	402-441-1724
Esquivel, Bob	402-441-6102	Spreitzer, Nancy	402-441-6147
Foreman, Tracie	402-441-6687	Starr, Larry	402-441-7863
Francisco, LaDonna	402-441-8455	Stevenson, Linda	402-441-7032
Frasier, Suzanne	402-441-8816	Straus, Barbara	402-441-6119
Garbers, Cathy	402-441-8233	Stutheit, Elisa	402-441-6105
Godkin, Tammy	402-441-7154	Sump, Mitch	402-441-8815
Gross, Mary	402-441-6114	Swift, Ryana	402-441-6130
Hakenkamp, Martha	402-441-6159	Tesar, Michele	402-441-6113
Hanshaw, Wendy	402-441-3482	Theis, Amy	402-747-5731
Hartman, Jennifer	402-441-6136	Thurber, Randy	402-441-6175
Heydt, Ann	402-441-7506	Thompson, Chuck	402-441-3463
Holland, Vurla	402-441-8455	Tillman, Peggy	402-441-6151
Holt, Jean	402-441-6116	Tinsley, Erin	402-441-8230
Howe, Denise	402-441-6135	Turechek, Jenny	402-441-6320
Hoshor, Colby	402-441-6138	Walking Bull, Charlene.	402-441-6135
Hoshor, Jeremy	402-441-6142	Walsh, Linda	402-441-7028
Hoskins, Velvet	402-441-6109	White, Jenna	402-441-6594
Hoy, Melissa	402-441-6120	Williams, Patricia	402-441-3065
Jones, Randy	402-441-6132	Winkler, Susan	402-441-7575
Keese, Susan	402-441-6150	Wooten-Sessom, Tonya	402-441-6124
Keiser, Judy	402-441-6123	Wright, Diana	402-441-7030
Kohler, Nancy	402-759-4150	3 ,	
Kramer, Sue	402-441-6111		
Kubicek, Joyce	402-441-6122		
Kubicek, Trudy	402-826-2463		
Lander, Pam	402-441-7990		
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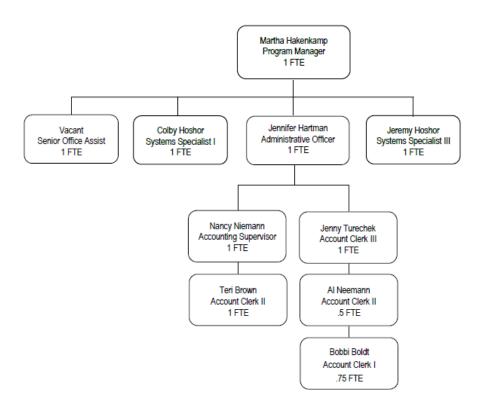




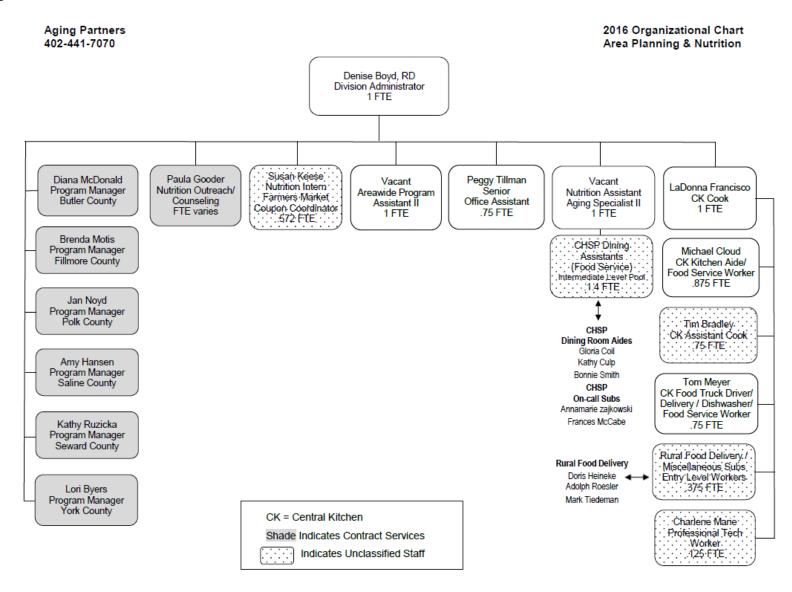
Indicates Unclassified Staff

Page 5 April 29, 2016

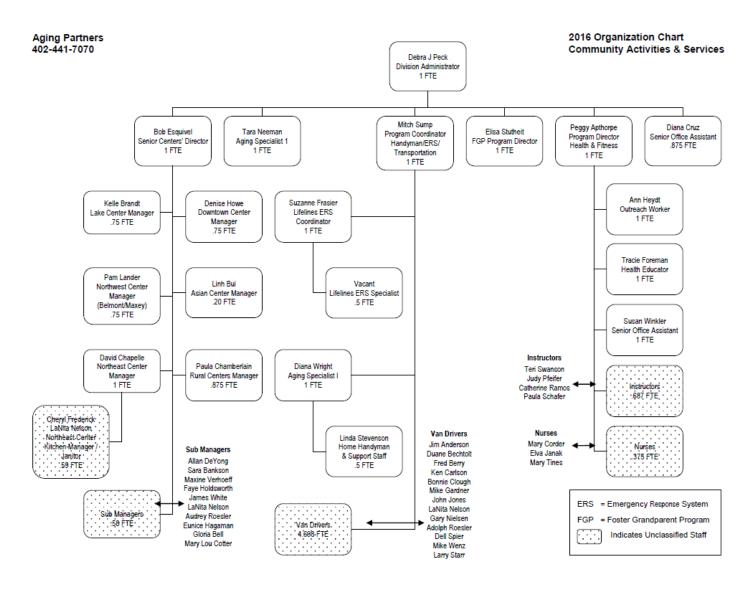
Aging Partners 402-441-7070 2016 Organizational Chart Administrative Services 2 of 2



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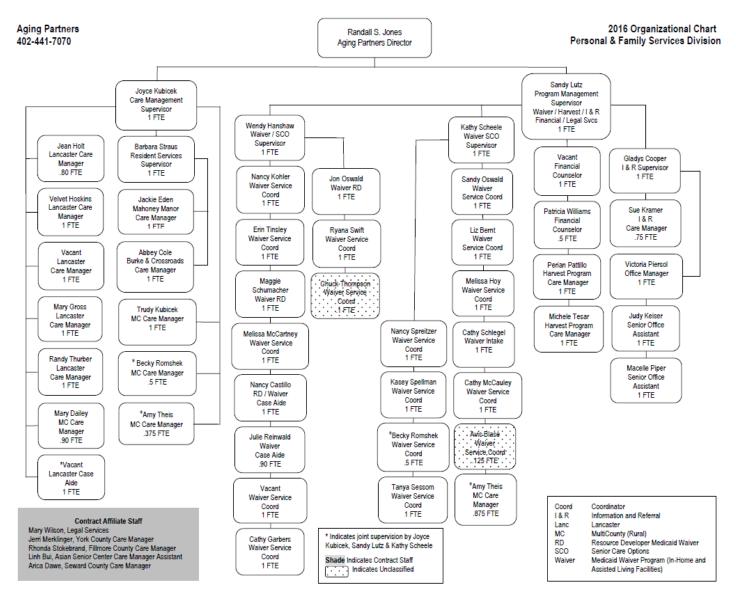


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ORGANIZATIONAL CHARTS



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Chairperson- Kathy Stokebrand 1st Vice Chair – Marsha Ward 2nd Vice – Deanna Portz

NC = Nominating Committee, Kathy Stokebrand, Chair

SECTION B

Goals, Objectives & Strategies

DESCRIPTION OF THE AREA AGENCY ON AGING

Mission Statement

Aging Partners supports quality of life, independence, and options for older adults and their caregivers in an eight-county area in Nebraska.

Brief History

Aging Partners began in 1971 as one of ten federal model programs on aging. As the designated area agency for Planning and Service Area B in Nebraska, Aging Partners was formally created through interlocal agreements between the City of Lincoln and Butler County, Fillmore County, Lancaster County, Polk County, Saline County, Saunders County, Seward County, and York County. Under the terms of the agreement, the authority to operate the area agency is vested with the City of Lincoln. Aging Partners is a division of the City of Lincoln, and the Director is responsible to the Mayor.

The following is a chronological listing of current programs or services in which the Aging Partners played a significant role in development:

Current Programs or Services	Inception
Planning, Coordinating and Development Services	August, 1971
Personal & Family Services (formerly Lincoln Information for the Elderly)	February, 1972
Home Handyman Service	April, 1972
Lincoln/Lancaster Senior Centers (formerly Senior Diners)	January, 1974
Retired Senior Volunteer Program (RSVP) (Discontinued August, 2011)	April, 1974
Living Well Magazine (formerly Life Lines Magazine)	October, 1974
Legal Services for the Elderly	April, 1977
Saunders County Senior Services Program	October, 1978
Tabitha Meals on Wheels	July, 1980
Polk County Senior Services Program	August, 1980
Fillmore County Rural Transit Service	September, 1982
Widowed Persons Service (WPS) (Discontinued August, 2011)	October, 1982
Geneva Aging Services Program	July, 1983
Lancaster County Rural Transit	July, 1983
Aging Partners LIFEline Emergency Response Program	September, 1983
Fairmont Aging Services Program	October, 1983
David City Home Delivered Meals	February, 1984
Health & Wellness (formerly Lifetime Health)	October, 1984
Joint Case Management	May, 1985
Supportive Services Program (formerly Service Review Unit)	September, 1985
York County Aging Services (formerly York County Senior Information Center)	September, 1986
Polk County Senior Citizens Foundation	November, 1986
Rural Older Adults Wellness Program	September, 1987
Caregivers Support Group	November, 1987
Butler County Senior Services Program	July, 1988
Fillmore County Senior Services Program	July, 1988

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Current Programs or Services	Inception
Senior Companion Program (SCP) (Discontinued August, 2013)	August, 1988
Care Management Program	August, 1988
Milford Aging Services Program	August, 1988
Butler County Rural Transit Program	February, 1989
Seward County Aging Services Program	January, 1990
Lancaster County Rural Home Delivered Meals	December, 1990
DeWitt Senior Services Program	December, 1990
Milestone Gallery	May, 1992
Saline County Elder Services	July, 1992
Crossroads House	April, 1993
Congregate Housing Services Program (CHSP)	November, 1995
Senior Care Options (SCO)	June, 1997
Seniors Foundation (Achieved independent status August, 2012)	June, 1997
Foster Grandparent Program	September, 1997
Medicaid Waiver, Home and Community-Based Services	July, 1998
Harvest Project	January, 1999
Live & Learn Public Access TV Show	November, 1999
Senior Health Promotion Clinic	November, 1999
Caregiver Services Program (formerly ElderCare Connection)	May, 2000
CHOICES Project	July, 2000
Farmer's Market Coupon Program	June, 2001
Rural Friendly Visitor Program	July, 2001
ECHO/Ombudsman Advocate Program (Discontinued April, 2015)	July, 2001
Resident Services Malone Manor & Pioneer House	March, 2001
SMP Medicare Fraud Prevention (Discontinued April, 2015)	April, 2002
Supportive Services for Caregivers	December, 2002
Health Promotion Services for Caregivers	March, 2003
Forever Strong Health Club	May, 2005
Medicare Part D Prescription Drug Program	May, 2006
Rural Nutrition Outreach Program	June, 2009
Living Well with Chronic Conditions – Evidence Based Program Initiated	February, 2010
Saline County Rural Home Delivered Meals	November, 2010
Saunders County terminates interlocal agreement	December, 2011
Remembering When – Evidence Based Program Initiated	2011
Tai Chi Evidence Based Program Initiated	2011
Powerful Tools For Caregivers Evidence Based Program Initiated	2012
Stepping On Evidence Based Fall Prevention Program Initiated	2013
STEDI – Stopping Elderly Accidents, Deaths and Injuries Evidence Based Program	2013

Consumer Demographic Information for Eligible Population Residing in Service Area

Aging Partners Consumer Demographics

Source: 2010-2014 American Community Survey and U.S. Census Bureau & Custom Calculation from 2010-14 ACS Public Use Microdata Sample (PUMS), U.S. Census Bureau, completed by David Drozd, UNO Center for Public Affairs Research on 2-29-2016.

			Bureau, completed by David Drozd, UNO Center for Public Affairs Research on 2-29-2016.								
			Butler	Fillmore	Lancaster	Polk	Saline	Saunders	Seward	York	AP Service Area
Total											
populatio	n	All Ages	8,312	5,767	293,726	5,307	14,317	20,867	16,939	13,797	379,032
Age		Median Age	44.5	47.0	32.8	45.8	36.0	41.3	38.5	41.2	(X)
	Ses	60+	26.5%	29.1%	16.9%	28.1%	19.9%	22.5%	22.2%	25.6%	18.4%
	All Ages	65+	19.9%	22.6%	11.5%	20.2%	14.3%	16.3%	15.9%	18.3%	12.8%
	⋖	75+	10.6%	12.3%	5.2%	11.0%	7.6%	7.7%	7.8%	9.6%	6.0%
		85+	3.3%	4.0%	1.7%	3.6%	2.3%	2.1%	2.3%	2.8%	1.9%
Race		White	97.5%	97.7%	90.3%	97.8%	93.6%	98.1%	98.0%	96.8%	91.8%
		Black	0.9%	0.7%	5.1%	0.5%	1.1%	0.7%	0.9%	1.4%	4.2%
	All Ages	American Indian	0.6%	0.6%	1.4%	1.2%	0.4%	0.6%	0.6%	1.5%	1.3%
	¥	Asian	0.2%	0.2%	4.4%	0.4%	2.9%	0.6%	0.6%	1.0%	3.6%
	4	Native Hawaiian	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.3%	0.1%
		Some other race	1.2%	1.7%	1.4%	1.5%	3.1%	0.7%	1.0%	1.5%	1.4%
Ethnicity	Ages	Hispanic	2.7%	3.4%	6.2%	3.4%	21.7%	2.1%	2.0%	4.4%	6.2%
	₹	Not Hispanic	97.3%	96.6%	93.8%	96.6%	78.3%	97.9%	98.0%	95.6%	93.8%
Gender	e 65+	Male	44.8%	43.3%	43.5%	44.1%	44.0%	46.1%	45.4%	42.7%	43.8%
	Age	Female	55.2%	56.7%	56.5%	55.9%	56.0%	53.9%	54.6%	57.3%	56.2%
Economic Indicators		Low Income	7.1%	6.8%	5.2%	5.7%	12.0%	7.1%	6.4%	7.4%	5.9%
		% of individuals with both Social Security & Retirement Income	21.5%	21.5%	34.0%	21.5%	21.5%	28.6%	21.5%	21.5%	30.5%
	+59	% of individuals with Social Security Income but no Retirement Income	69.5%	69.5%	52.6%	69.5%	69.5%	61.9%	69.5%	69.5%	56.9%
		% of individuals with no Social Security or Retirement Income	6.8%	6.8%	10.0%	6.8%	6.8%	7.6%	6.8%	6.8%	9.0%
Disability	65+	With a disability	27.2%	38.9%	34.4%	35.1%	40.7%	35.7%	34.3%	37.2%	34.8%
	75+	With a disability	37.6%	52.6%	49.8%	49.1%	49.4%	50.7%	49.6%	47.9%	49.3%

An (x) means that the estimate is not currently available

FEDERAL GOALS

ACL Goal 1: Advocacy

Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.

Aging Partners Objectives & Strategies

- 1. <u>Create an advocacy "mind-set" within Aging Partners to raise the question and take appropriate action: "Who is speaking for those we serve?"</u>
 - a. Track policy changes on a local, state and federal level and potential impact on consumers.
 - b. Include consumer impact discussions in organizational decision-making.
 - c. Leverage and build Area Wide Advisory Council advocacy skills.
 - d. Develop advocate volunteers by providing information, training and responsibilities.
- 2. <u>Increase public awareness and understanding of the interests of older adults, people with disabilities and their caregivers.</u>
 - a. Strategically use Living Well Magazine, advertising, news articles through media, public workshops and speaking events.
 - b. Host quarterly workshops targeted to providers.
 - c. Strategically use TV5 program, "Live and Learn" to promote awareness and educate.
- 3. Engage policy makers and other partners to ensure existing policies and programs optimally reflect the interests of older adults, people with disabilities and their caregivers.
 - a. Develop relationships with key policy makers at the City, County and State level to engage in policy discussions.
 - b. Participate in leading the development and implementation of new public policies and programs that advance the interests of older adults, people with disabilities and their caregivers.
 - c. Engage with associations and groups to develop collaborations and partnerships that further the priorities of older adults, people with disabilities and their caregivers.
 - d. Partner with other aging and disability advocacy organizations to support services and benefits for our consumers.

ACL Goal 2: Protect Rights and Prevent Abuse

Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

Aging Partners Objectives & Strategies:

- 1. <u>Facilitate consumer access to advocacy and representation to protect individual rights and prevent abuse.</u>
 - a. Ensure access to in-house legal counsel and financial counseling to both urban and rural residents of service area.

- b. Promote available resources including Elder Access Line, TRIAD, BBB and others.
- c. Apply recently changed legislation regarding financial exploitation and elder rights to care management program.
- 2. Educate and empower stakeholders on the rights and prevention of abuse, neglect, and exploitation of older adults and people with disabilities.
 - a. Focus on community-wide educational outreach initiatives.
 - b. Support efforts of TRIAD.
 - c. Empower staff who work directly with consumers by providing them with information and training in the rights and prevention of abuse, neglect and exploitation of older adults.

ACL Goal 3: Individual Self-Determination & Control

Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health

Aging Partners Objectives & Strategies

- 1. Provide older adults and people with disabilities with access to information, education, and counseling on their options to live as independently as possible in the community.
 - a. Implement Aging Disability Resource Center (ADRC) and develop referral system to enable consumer access to services.
 - b. Provide community education and outreach on aging network services using service providers as well as public media outlets including media promotion, public workshops, publications, website, social media and television.
- 2. <u>Increase the availability of evidence-based programs and practices that empower individuals to</u> control the quality of their independence, well-being and health.
 - a. Participate in new evidenced-based programming opportunities to expand and grow availability within the eight-county area.
- 3. Seek opportunities to expand transportation access to seniors and persons with disabilities.
 - a. Increase coordination between aging network and public transit network.
 - b. Expand routes and service delivery in Lancaster County.

ACL Goal 4: Long-Term Services and Supports

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

Aging Partners Objectives & Strategies:

- 1. Administer and continue to modernize distribution of Older Americans Act services.
 - a. Continue forging partnerships and collaborations with providers of services to people with disabilities.
 - b. Identify "Best" and "World Class" practices and incorporate into programming.
 - c. Apply a new model of "Pop-Up Centers" to decentralize service delivery and take services to population centers currently underserved.
 - d. Develop new and engaging senior center activities to attract and maintain consumer base and engage younger seniors (65 75 years old).
 - e. Continue providing in-home services, care planning and support to older adults and caregivers to foster independent living.
 - f. Expand current communications/education to include issues of importance to persons with disabilities (i.e. television, media, advertisements, Living Well).
 - g. Promote innovative use of technology to improve access to services.
 - h. Hold a focus group of caregivers or community members who support caregivers to assess whether we could better meet the needs of this group and recommend actions.
- 2. <u>Using current service reach and population density of clients, increase services to underserved</u> areas and populations.
 - a. Provide for a successful launch of the ADRC pilot and provide recommendations for ADRC sustainability and improved service delivery following conclusion of pilot program.
 - b. Expand health clinic and health education services with growth in underserved areas.
 - c. Support provision of nutrition services in home and community based settings.
 - d. Enhance coordination and provision of services to caregivers.
 - e. Utilize Aging Partners growth into Victory Park (V.A. Hospital in Lincoln) as an opportunity to reach new populations and enhance services.
 - f. Form partnerships to host services in underserved areas.

ACL Goal 5: Effective and Responsive Management

Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

Aging Partners Objectives & Strategies:

- 1. <u>Implement management improvement activities, including program integrity and internal control initiatives, to strengthen business processes, improve efficiency, and promote accountability.</u>
 - a. Enhance monitoring of direct and contracted programs and services to ensure program integrity.
 - b. Strengthen performance and promote accountability by linking strategic goals to individual performance goals and evaluations.
 - c. Improve efficiency by reviewing and monitoring unit cost of service.

- d. Strengthen reporting processes to enhance internal controls.
- e. Strengthen internal communications and procedures.

2. Diversify funding

- a. Develop new programming to attract diversified consumer base.
- **b.** Strengthen options for client contributions.
- c. Enhance fee-based services as allowed by federal and state statutes.

3. Implement employee development program.

- a. Empower ad-hoc committees comprised of diverse groups of employees to address strategic plan projects or initiatives.
- b. Encourage development of inter-agency groups in rural areas to encourage networking of service professionals in the field of aging.
- c. Increase development and training opportunities for mid-level managers

PLANNING PROCESS

1. Overview of the agency's process for developing the plan

Aging Partners took a data driven approach to this plan by incorporating data from multiple sources for good decision-making. These sources included:

- Eleven Town Hall meetings receiving feedback from 300 consumers;
- Aging Partners 2016 Consumer Survey with responses from 650 consumers;
- Intersections Consulting facilitated two strategic planning sessions. The last session held in April involved the Areawide Advisory Council, County Managers and Aging Partners Leadership Team.
- The Area Plan presented to the Lincoln City Council and to the Mayor's Office for approval.

2. Process description

a. Town Hall Meetings

Town Hall meetings in March and April 2016 were held to gather community input into the needs of our aging population throughout our eight county service area. Meetings were held in Butler, Polk, Saline, Fillmore, Seward, Lancaster (5) and York Counties. Feedback was also received through individual visits in Saunders County.

Town Hall meetings were publicized in area newspapers with invitations to aging professionals and clients in each area. Feedback on successful programming, gaps in programming and need for changes was received. Topics for feedback from the community groups focused around OAA priorities and the following:

- Being Well (Nutrition, Health Care, Preventative Health & Wellness, Health Education)
- Living at Home (Transportation, Home Care and Support)
- Planning Ahead (Pension and Financial Counseling, Legal Assistance)
- Staying Involved (Senior Centers and Involvement)
- Advocacy

Town Hall meeting feedback is captured in this summary of the gaps reported:

Gaps	/હ	relegation of	e Meas of the	inteets the state of the state	S arreir	& sulfaction of	A Control of the Cont	a sessor de la constante de la	stor Ca	Smaller Legisler	Towns to the state of the state	ides Astridor A	, roll and	d servi	ges Trailer Tr	surs du	ation Cost	s too rise	Thomas The State of the State o	Realth aid	s d Sych Sa Sentes Sa Sentes
Lancaster	Х		Х				Х	Х	Х	Х	Х	Х		Х	Х				Х		
Butler		Х					Х	Х	Х			Х				Х	Х		Х		
Seward		Х		Х	Х		Х	Х		Х	Х	Х						Х		Х	
Saline	Х			Х			Х	Х	Х	Х		Х				Х			Х		
Polk		Х		Х		Х	Х				Х					Х					
York	Х				Х		Х	Х				Х	Х		Х	Х		Х	Х		
Fillmore		Х	Х					Х		Х	Х	Х	Х			Х			Х	Х	
Saunders			Х				Х					Х									
Total	3	4	3	3	2	1	7	6	3	4	4	7	2	1	2	5	2	2	5	2	

Page 20 April 29, 2016

b. Aging Partners 2016 Consumer Survey

Aging Partners undertook an extensive survey of aging consumers in the Aging Partners service area to determine current thoughts and concerns of our consumer base. The 33 point survey was distributed through the web, in all Service Centers and handed out at community workshops and received 656 responses.

Survey Key Findings:

This answer stresses the need for continued support and possible expansion of Transportation Services. Development of support groups was also mentioned.

In what areas could you use assistance as a Caregiver?								
Answer Options		Response Percent	Response Count					
Transportation		52.5%	42					
Respite		13.8%	11					
Financial Counseling		13.8%	11					
Support Group		21.3%	17					
Grandparents raising Grandchildren		7.5%	6					
Counseling		13.8%	11					
Other (please specify)		23.8%	19					
· · · · ·	ans	wered question	8					
		ripped auestion	57					

Transportation has been identified as an important priority issue for the next four years.

Exercise is an important, healthy addition to a senior's routine as a way to improve balance, flexibility

and long-term health. While the majority of respondents indicated they exercise, 37% indicated they do not.

Do you exercise regularly?		
Answer Options	Response Percent	Response Count
Yes	62.2%	382
No	37.8%	232
	answered question	614
	skipped question	42

Continued investment in

health education and access to evidence based health programming is needed.

Nutrition education is an important element of older adults remaining healthy. The fact that 63% of

the respondents are not interested in classes that teach healthy eating is an indicator of the difficulty of reaching consumers with this type of education.

Would you be interested in a class that taugh cooking?	nt you more about healthy	eating and
Answer Options	Response Percent	Response Count
Yes No	36.1% 63.9%	212 375
	answered question skipped question	587 69

Despite a lack of interest in healthy eating and cooking, 85% of the respondents cook for themselves.

This emphasizes the importance of facing the challenge of gaining interest from constituents in taking nutrition education classes.

Do you cook for yourself?		
Answer Options	Response Percent	Response Count
Yes	85.3%	534
No	14.7%	92
	answered question	626
	skipped question	30

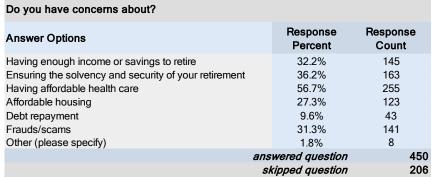
Top health concerns from those surveyed were sleep, exercise, stress and nutrition.

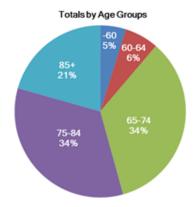
These topics will be used in plans for health and nutrition education options for consumers.

What are some of your health concerns:		
Answer Options	Response Percent	Response Count
Diet nutrition	34.2%	149
Sleep	46.8%	204
Stress	34.6%	151
Exercise	42.2%	184
Vitamins and supplements	19.3%	84
health screenings	15.4%	67
Emergency response	16.1%	70
Other (please specify)		15
	answered question	436
	skipped question	220

Other concerns identified included: having affordable health care, financial security and safety and security.

These topics will also be enhanced in our public education and advocacy efforts. The agency is making additional FTE investments in Financial and Security programming to address this identified need.





Less diversity was seen in ethnicity and race categories. Increasing this representation will be a focus in future survey processes.

Demographics of Survey Participants:

Considerable effort went into getting a representative sampling. Rural consumers comprised forty percent of the respondents and the remaining sixty percent being residents of Lincoln.

A variety of age ranges were included in the sample which closely mirrored demographics for current service users.

Answer Options	Response Percent	Response Count
Black/African American	2.5%	16
Hispanic/Latino	1.1%	7
White/Caucasian	92.7%	585
Native American or Alaska Native	3.0%	19
Asian	0.3%	2
Native Hawaiian or Pacific Islander	0.0%	0
Other (please specify)	1.0%	6
	answered question	631
	skipped question	25

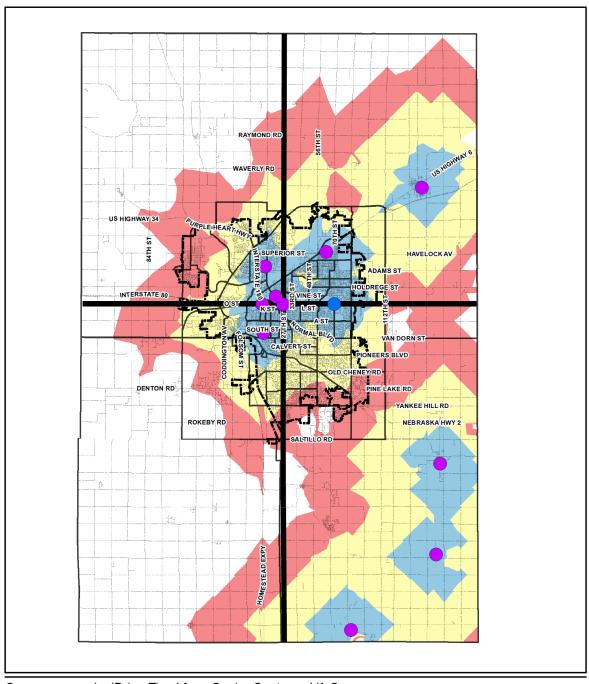
c. Strategic Planning Sessions

Aging Partners held a Strategic Planning session that included managers of Aging Partners as well as County Program Managers and Advisory Council members who came together to review population demographics, current service delivery data and focus group feedback to develop the goals and objectives outlined in the FEDERAL GOALS section.

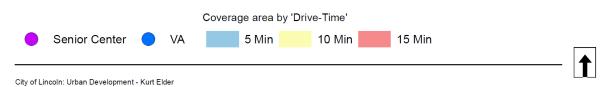
Data Sources:

With the support of the City of Lincoln Planning Department, Aging Partners gathered population data that identified household locations within the City of Lincoln for individuals ages 65+, 65+ living in poverty and 65+ with a disability as well as travel time to Aging Partners senior centers. The planning team, during development of the agency's four-year plan, considered this information. One of the most interesting pieces of this data was the travel time for consumers to the nearest senior center within the agency's largest market (Lincoln.) This review sparked discussion around how to distribute services. The group concluded with the idea of taking services to consumers in underserved areas as well as development of a "Pop Up" Service Center concept.

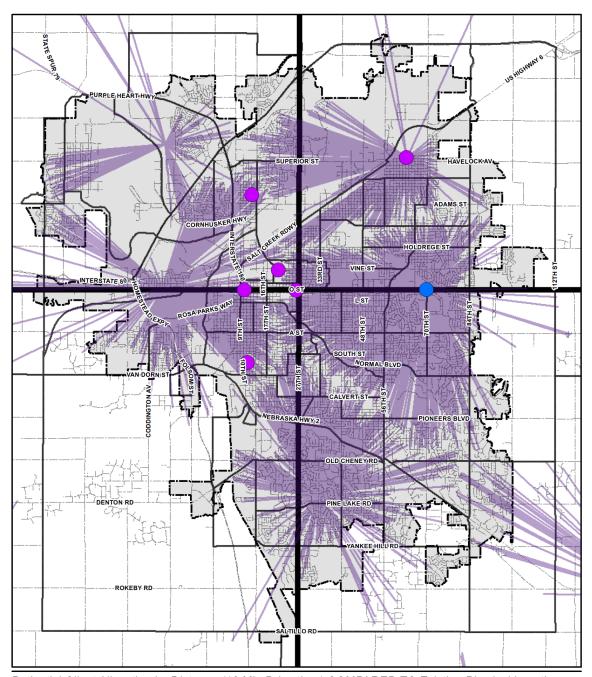
The mapping requires further in-depth study and evaluation. For example, the agency's entire client base in Lancaster County was used in the mapping process — which included those served in their homes or at retirement facility locations. As Aging Partners develops a plan to seek alternate sites for "Pop Up" centers or service outreach, a more defined mapping of the desired service population will be used. The maps below are shown here for concept only.



Coverage area by 'Drive-Time' from Senior Center or VA Campus



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Potiential Client Allocation by Distance (10 Min Drive time) COMPARED TO Existing Physical Locations



3. How consideration was given during the planning process

a. Older individuals:

Both the planning and budgeting process for Aging Partners includes key indicators of performance to measure our progress in serving our consumers. These performance measures are reported to the Mayor, City Council and Areawide Advisory Council.

The following indicators have been developed:

- Target transportation and congregate meal services to older adults 65+ who live alone so that 50% of the consumers who access those services match that demographic.
 - o In 2015, 53% of Aging Partners 65+ consumers who utilized congregate meals and/or transportation services lived alone.
- Ensure utilization of Aging Partners services by 20% of people age 65 and older.
 - o In 2015, Aging Partners served 15% of persons age 65 and older.
- Ensure utilization of Aging Partners services by at least 75% of people age 65 and older who are at or below the poverty level.
 - o In 2015, Aging Partners served 93% of persons age 65 and older at or below poverty level.
- Exceed the industry standard percentage of Aging Partners consumers age 60 and older with three or more ADL deficits who utilize care coordination, home delivery meal and in-home services.
 - o In 2015, 24% of Aging Partners 60+ consumers utilized care management/or in-home services had three or more ADL deficits compared with 18% nationwide.
- Ensure utilization of Aging Partners services by at least 75% of people age 65 and older who are at or below the poverty level.
 - o In 2015, Aging Partners served 93% of persons age 65 and older at or below poverty level.

b. Older individuals who have greatest economic need

Within the Aging Partners service area the highest concentrations of minority individuals reside in Lancaster County. Two senior centers are hosted in this county at cultural centers: Malone Community Center and Asian Community Center. Spanish speaking staff located in Lincoln offer onsite translation to walk-in clients and the center manager at the Asian Senior Center provides translation services for Vietnamese speaking individuals. In addition, paid interpretation is initiated as needed.

Other ways that Aging Partners ensures services to persons with limited English proficiency is:

- Outreach of Farmers Market Coupons to persons in the cultural centers.
- Targeted "Stepping On" programming in the cultural centers.
- Targeted health clinics and nutrition counseling to Karen and Kurdish immigrants.
- Care Management documents have been translated to meet the needs of the significant Vietnamese client base in Lancaster County.

The majority of services provided in counties outside of Lancaster are coordinated either by local county program managers or by out-posted case managers, all of whom reside in the communities they work in and are attuned to the special needs of older adults in rural areas.

c. Older individuals with the greatest social need:

The Foster Grandparent program meets the social need of low-income elders through placement in schools where they are engaged with children with special needs. The level of satisfaction from those who serve in this program is very high. They feel responsible and appreciated.

Older individuals with self-care limitations and/or who are at risk for institutional placement are reached on a regular basis through services provided by the Care Planning and Support and Medicaid Waiver programs.

Agency educational outreach via City TV5 and "Living Well" reaches over 18,000 seniors in the eight-county area. This outreach provides specific information of a social nature, as well as information regarding how to access services and guidance on living independently.

d. Older individuals with Alzheimer's disease or related disorders:

The agency is now a pilot for the Aging Disability Resource Center (ADRC) project, which provides referral services to persons within the target population that includes:

- Aging: persons age 60 and older, interested in information and supportive referrals regarding aging, long-term care, social service programs, independent living, disability issues as well as opportunities to volunteer, wellness education and activities and social involvement;
- Persons with disabilities of any age who are chronically mentally or physically impaired who need long-term cares supports;
- Family members, caregivers, advocates and providers for these groups.

Services provided by the pilot project include:

- Providing comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources available in local communities, including information on the availability of integrated long-term care;
- Long-term support options counseling;
- Identification of unmet service needs in communities.

Aging Partners will also participate in promoting the Brain Health Resource tools and HealthyBrain.gov website. Staff has and will continue to take advantage of dementia training.

4. Establishing priorities and allocating resources

a. Area Plan service priorities & resource allocation

While developing the Area Plan, the following priorities were used when making service projections:

- Sustain OAA required services at the same level, consistent with the more recently completed year.
- Enhance and building upon the gaps identified in the needs assessment and data review.
- Apply identified priorities, using specific geographic needs, on a county-by-county level.
- Demographic and other data.

Resources will continue to be distributed based on population. Allocation of those resources will be made at the county level based upon the approved goals and priorities.

b. Targeting services in program design

Utilizing AoA research, all services are targeted to individuals most likely to have an increased risk of nursing home entry. Client count is monitored by program for the following categories: 85+, 65+ impoverished, 65+ lives alone and individuals with three or more ADLs. Programs set goals for annual unduplicated client count in these categories and progress is monitored semi-annually.

Staff are strategic in designing programs and services that will meet these established goals. Some examples include: Senior Centers are located in low income areas and in established cultural centers; Transportation needs are factored into program design as much as possible; Publications are available by hard copy and electronically; Sliding fee scale or subsidies are offered for all services; Staff network with human service professionals interested in serving similar populations.

c. Prioritized wait lists

Individuals requesting III-B funded case management services are placed on a prioritized waiting list based upon service need. This allows the care management supervisor the ability to allocate staff quickly to high needs cases. Although Aging Partners has not had to create waiting lists for III-E services, individuals at or below 300% of poverty are prioritized for III-E Respite and III-E Supplemental services.

5. <u>Service integration</u>

Units of service reports are distributed quarterly to management staff to monitor service usage. The development of the annual area plan includes all staff that manage service programs as well as their supervisors. This annual process ensures that future service delivery is planned using current service usage data.

All County Program Managers submitted service projections for the area plan based on the most recent service usage reports with consideration for gaps identified in the recent planning process.

Quarterly, the agency reviews services to determine if shifts and changes in demand have occurred. Changes result in small revisions to the existing allocation of funds as detailed in the agency's budget revisions to the State of Nebraska. This year, the agency has seen the following shifts in priorities:

- Decrease in use of Information Services. Shifted funding to more utilized III-E services.
- Decreases in Self-Directed Care. Shifted resources to more utilized IIIE services.
- Decrease in Information & Assistance. Shifted resources to more utilized III-B services.
- Increase in Nutrition Counseling. Shifted funds to this area from underutilized III-C services

6. Coordination of Title III with Title VI Native American Programs

As reflected in the consumer demographic profile of the eight-county service area, there is not a significant American Indian presence in the Aging Partners service area. Aside from Native Hawaiian, the American Indian presence in the eight-county area represents the lowest racial group at 1.4% overall. Additionally, there are only three tribal organizations that receive funding through Title VI in the State of Nebraska: Santee Sioux Nation, Winnebago and Omaha Tribe of Nebraska. None of these tribal organizations has a significant presence in the eight- county area served by Aging Partners. As such, Aging Partners provides services and welcomes participation of American Indian consumers through all of its delivery channels and outlets.

7. How Aging Partners is strengthening and expanding Title III and Title VII services:

Aging Partners continues to focus attention on key Title III & VII services as part of its initiative to center resources around Tier I, II & III services, as well as Title III-E services.

During review of agency area plan projections, annual performance goals were set by the director for Congregate Meals, Home Delivered Meals, III-B Case Management, Outreach, III-E Information, III-E Access and III-E Counseling services. Using a process that began in FY 11, Aging Partners staff are required to develop annual work plans in support of Tier I-III services, some key Tier IV services and all Title III-E services. Staff also complete quarterly reports on progress made towards reaching projected units of service with these reports being reviewed by supervisors and the Director. Continuing in FY 17, this process we be an effective tool in encouraging staff to focus resources on the provision of the identified key services.

Although the agency is still awaiting a signature from the Veteran's Administration (VA) finalizing the enhanced use lease for the Lincoln VA Hospital grounds, Aging Partners is moving forward on plans to relocate the agency headquarters and service programs to that space. The move is expected to increase usage of all programs with an even greater emphasis on preventive evidence-based programs such as Living Well with Chronic Diseases and Stepping On-Building Confidence and Reducing Falls as well as Tai Chi and Yoga.

8. AoA Discretionary Grant Initiatives

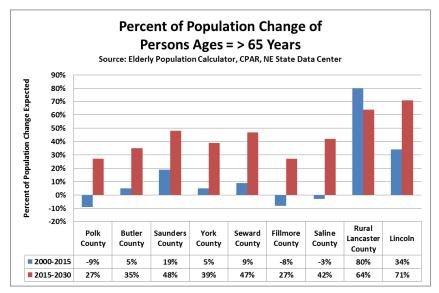
a. Evidence-Based programs

Aging Partners has been a state leader of the AAAs in providing evidenced-based programming, particularly in building the capacity of other AAAs and other communities through the training of leaders in *Stepping On*, specifically three leadership trainings that resulted in twenty-five new leaders. Additional funding has been sought and received to expand the program into additional rural communities and the agency is participating in the state grant application to expand the program.

Tai Chi: Moving for Better Balance is also an evidence-based program offered by Aging Partners and county program partners. This has seen tremendous success, especially in several of the rural counties of the service area.

Aging Partners and its county program partners continue to offer *Living Well with Chronic Conditions* (the Chronic Disease Self-Management Program) throughout the eight-county area.

9. Strategies for addressing population increases



The following strategies will be used in planning for population increases of older adults and their needs:

- Seek additional sources of revenue to fund increased demand.
- Annual review of distribution of OAA funding based on population shifts within the eight-county area.
- Annual assessment of consumer needs and shifts by seeking annual feedback (surveys, town hall meetings, fact-finding discussions with consumers and data.)
- Annual review of programming efficiency with goal of decreasing cost per unit of service as appropriate.
- Decentralized services, where appropriate, to reach underserved areas.
- Increased partnerships with community organizations to coordinate and strengthen services.

10. Planned efforts to support consumer control and choice in Title III programs:

This philosophy is applied to all Title III service interactions with consumers. Consumers have choice as it relates to choosing which provider (family or private), who is involved on their "care team" and what services are engaged to support them.

As a cardinal principle, Aging Partners believes the needs of vulnerable older persons are best served with the involvement, and through the cooperative actions of family, friends, and human services at the direction of the older person. From this central principle, Aging Partners has formed strong values regarding the family, other service providers, and the older person.

Aging Partners is committed to the long-term development of a "Community System of Care" which utilizes, for the benefit of older persons, the full continuum of health and human service resources within the community and region. Aging Partners believes all agencies, programs, and services have a full right and an obligation to fully apply their resources to serving older persons.

Butler, Seward, York and Fillmore Counties provide Salad Bar options at their congregate meal sites. This allows consumers to choose from free vegetables and fruits for their meals.

Consumers can also choose a cold meal if the hot meal choice doesn't meet their interest or taste.

Department of Agriculture Funded "Vouchers" are used to provide consumers the ability to attend local Farmer's Markets and purchase their choices of free vegetables and fruits.

11. Changes in response to the Fair Labor Standards Act, as it relates to overtime

Aging Partners' affiliation with the City of Lincoln provides it with oversight and guidance on issues such as employment law changes. Once a formal ruling is made by the Department of Labor, the agency will follow city policies and guidance that will ensure compliance with the ruling. At the current time, no positions are impacted by the proposed changes to rules related to "White Collar" or "Exempt" positions. Should the rule change or when the rule is official, Aging Partners will take additional steps, if necessary, to ensure compliance.

The second change in the Fair Labor Standards Act, related to the availability of overtime by service providers, will be addressed through increased provider education regarding the ramifications of this labor change.

Section C

Services

		Units of Service				
						Change (%)
Tax		07/01/15	01/01/16	07/01/15	07/01/16	(yellow indicates a new
ono my #	Service Name	- 12/31/15 (Actual)	06/30/16 (Projected)	- 06/30/16 (Combined)	- 06/30/17 (Projected)	narrative is required for that service)
1.	Personal Care (Hour)	1,004	1,000	2,004	2,035	1.55%
2.	Homemaker (Hour)	2,950	2,950	5,900	5,606	-4.98%
3.	Chore (Hour)	2,210	2,600	4,810	4,900	1.87%
4.	Home Delivered Meals (Meal)	55,265	55,300	110,565	116,057	4.97%
	Eligible Home Delivered Meals	52,169	52,200	104,369	109,555	4.97%
5.	Case Management - IIIB (Hour)	3,723	3,800	7,523	9,555	27.02%
6.	Care Management - CASA (Hour)	4,304	4,300	8,604	8,798	2.26%
7.	Congregate Meals (Meal)	57,940	57,950	115,890	121,240	4.62%
	Eligible Congregate Meals	45,794	45,800	91,594	96,492	5.35%
8.	Nutrition Counseling (Session per Participant)	226	575	801	841	4.99%
9.	Assisted Transportation (1-way Trip)	9,285	9,300	18,585	17,854	-3.93%
10.	Transportation (1-way Trip)	11,289	11,300	22,589	7,361	-67.41%
11.	Legal Assistance (Hour)	1,340	1,000	2,340	2,520	7.69%
12.	Nutrition Education (Session per Participant)	10,656	10,700	21,356	16,467	-22.89%
13.	Information & Assistance (Contact)	90,310	90,300	180,610	191,375	5.96%
14.	Outreach (Contact)	14,844	15,000	29,844	32,740	9.70%
15.	Health Education (Contact)	19,776	19,800	39,576	43,507	9.93%
16.	Emergency Response System (Client-Month)	2,924	2,950	5,874	6,500	10.66%
17.	Information Services - IIIB (Activity)	-		-		0.00%
18.	Financial Counseling (Contact)	1,805	1,900	3,705	6,559	77.03%
19.	Health Clinic (Contact)	4,132	4,200	8,332	9,152	9.84%
21.	Health Promotion/Disease Prevention (Contact)	4,330	4,400	8,730	9,526	9.12%
22.	Durable Medical Equip (Contact)	308	300	608	645	6.09%
24.	Self-Directed Care (1 Placement)	37	8	45	45	0.00%
26.	Respite-Home (Hour)			-		0.00%
27.	Ombudsman	19 207	19 200	26.607	12.000	0.00% -62.01%
29. 30.	Volunteerism (Hour) Volunteerism/Stipend (Hour)	18,307	18,300	36,607	13,908 32,000	0.00%
35.	Supportive Services (Hour)	15,339	15,350	30,689	30,477	-0.69%
37.	III-E Information Services (Activity)	113	120	233	248	6.44%
38.	III-E Access Assistance (Contact)	7,536	7,500	15,036	14,637	-2.65%
39.	III-E Counseling (Session per Participant)	104	160	264	285	7.95%
40.	III-E Respite Care (Hour)	1,012	1,000	2,012	2,000	-0.57%
41.	III-E Supplemental Services (Activity)	379	375	754	759	0.63%
42.	III-E Self-Directed Care (Placement)	25	10	35	35	0.00%

^{*}Form revised from Excel document to exclude non-assigned taxonomy numbers

SERVICE NARRATIVES Personal Care

FY 2017-2019 Taxonomy #1

1. PERSONAL CARE (1 HOUR) – Personal assistance, stand-by assistance, supervision or cues for a person. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The AP Lincoln/Lancaster County Supportive Services Program maintains performance-based contracts with vendors to provide in-home personal care services including assistance with eating, dressing, bathing, toileting, and transferring. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances. Consumer contributions are budgeted on a sliding fee scale.

The AP Congregate Housing Services Program provides personal care services via contracted vendors at the Burke Plaza, Mahoney Manor and Crossroads housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) fund these services.

Subsidized in-home services (including personal care) are available through the AP Multi-County Supportive Services Program in Butler, Fillmore, Polk, Saline, Saunders, Seward and York Counties. County Program staff and case managers have names of vendors, either organizations or individuals, which they provide to older adults or their families. Assistance with setting up services and monitoring their effectiveness is provided when needed. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

decrease. This	he areas (counties,	a detailed explanatior enters) that are antic	

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SERVICE NARRATIVES Homemaker

Taxonomy #2

FY 2017-2019

2. HOMEMAKER (1 HOUR) – Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework for a person. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The AP Lincoln/Lancaster County Supportive Services Program maintains performance-based contracts with vendors to provide in-home homemaker services including preparing meals, shopping, managing money, using the telephone, and doing light housework. Consumer contributions are budgeted on a sliding fee scale.

The AP Congregate Housing Services Program provides homemaker services via contracted vendors at the Burke Plaza, Mahoney Manor and Crossroads housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) fund these services.

Subsidized in-home services (including homemaker) are available through the AP Multi-County Supportive Services Program in Butler, Fillmore, Polk, Saline, Saunders, Seward and York Counties. County Program staff and case managers have names of vendors, either organizations or individuals, which they provide to older adults or their families. Assistance with setting up services and monitoring their effectiveness is provided when needed. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

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Aging Partners
[Goal 4/Objective 1/Strategy e]

SERVICE NARRATIVES Chore

FY 2017-2019 Taxonomy #3

3. CHORE (1 HOUR) – Assistance such as heavy housework, yard work or sidewalk maintenance for a person. Heavy housework would be activities such as cleaning when the furniture is moved, "spring cleaning" needed because client has not been able to maintain routine cleaning, and washing windows. Yard work would be activities such as mowing, raking, trimming and carrying out garbage. Sidewalk maintenance would be activities such as snow removal, spreading ice melt, repairing cracks, etc. Chore also includes minor repairs and maintenance such as painting, minor plumbing, banister placement, changing furnace filters, etc. These services do not require a trained service specialist. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The AP Handyman Program provides chore service, including home maintenance, repair and yard work using private contractors in Lincoln/Lancaster County. Consumer contributions are budgeted on a sliding fee scale.

The AP Lincoln/Lancaster County Supportive Services Program maintains performance-based contracts with vendors to provide in-home chore services. Consumer contributions are budgeted on a sliding fee scale.

The AP Congregate Housing Services Program provides chore services via contracted vendors at the Burke Plaza, Mahoney Manor and Crossroads housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) fund these services.

Subsidized in-home services (including chore) are available through the AP Multi-County Supportive Services Program in Butler, Fillmore, Polk, Saline, Saunders, Seward & York Counties. County Program staff and case managers have names of vendors, either organizations or individuals, which they provide to older adults or their families. Assistance with setting up services and monitoring their effectiveness is provided when needed. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.	

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Home Delivered Meals Taxonomy #4

FY 2017-2019

4. HOME DELIVERED MEALS (1 MEAL) – A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through programs such as Medicaid waiver, Title XX, or state-funded programs are **excluded** from the NSIP meals. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS. For caregivers that receive Home Delivered Meals, see the Caregiver – Supplemental Services listing on how to document.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, under the supervision of a registered dietitian, home delivered meals are prepared by the AP central kitchen and delivered to rural county residents.

In Lincoln, home delivered meals are prepared & delivered within the city limits through a contract with Tabitha Health Care Services.

In Butler, Fillmore, Polk, Saline, Seward & York Counties, home delivered meals are prepared by the centralized kitchen or food vendor in each county that also prepares the senior center meals. Meals are delivered to centers where volunteer meal delivery is coordinated.

Working with a national vendor, Aging Partners has implemented the use of chilled meals delivered to at-risk seniors in isolated areas. Mom's Meals is a company that packages and ships prepared meals to the door of older adults. This service is offered in areas where either home delivered meal service is not offered or where the existing nutrition program cannot meet the nutritional needs of the client.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

service units increased or decreased by 10% or more, please provide a detailed explanation for decrease. This should include the areas (counties, cities, and senior centers) that are anticipat increase/decrease and reasons explaining why.	

Case Management-IIIB

FY 2017-2019 Taxonomy #5

5. CASE MANAGEMENT — III B (1 HOUR) — Assistance in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The AP Congregate Housing Services Program provides case management services to eligible residents of Burke Plaza, Mahoney Manor and Crossroads housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) fund these services

In Lancaster County, the Harvest Project is a collaborative program of the Lutheran Family Services, CenterPointe, and AP. The inter-disciplinary service provides case management to older adults at risk due to complex mental health, substance abuse and aging related issues. Funding for Harvest Project is made possible by Region V Mental Health and Substance Abuse.

The AP Care Planning and Support program provides case management services directly in Butler, Lancaster, Polk, Saline & Saunders Counties to frail older persons through individual contact in their homes, in the agency offices located in individual counties, or by telephone. Funds from the City of Lincoln and Lancaster County supplement CASA and OAA funding and permit significantly expanded services in Lancaster County.

Contracted county programs in Fillmore, Seward and York Counties provides case management services through individual contact in client homes, via telephone or at program offices.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

To meet service demand, the Harvest Project is projecting increased productivity. A new program administrator is streamlining business processes to help focus the program's care managers more on direct service.

SERVICE NARRATIVES Care Management-CASA

FY 2017-2019 Taxonomy #6

6. CARE MANAGEMENT - CASA (1 HOUR) – State program that requires a more comprehensive assessment of an older person. It is similar to Case Management, but requires a uniform assessment form, covering areas like support information, health, housing information, assistive devices, cognitive and mental health assessments, legal/financial assistance, nutrition, ADL, and IADL assessments. It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP provides care management services delivered by qualified care management staff. Eligible individuals are identified during information and assistance inquires or through outreach activities. The AP Care Planning and Support program provides care management services directly in Butler, Lancaster, Polk, Saline, Seward & Saunders Counties to frail older persons through individual contact in their homes, in the agency offices located in individual counties, or by telephone.

Contracted county programs in Fillmore and York Counties provides care management services delivered by qualified care management staff overseen by AP. Services are provided through individual contact in client homes, via telephone or at program offices located in Geneva and York.

AP maintains a care management contract with the Asian Community & Cultural Center in Lincoln. A contracted, bi-lingual care manager overseen by AP is assigned to aid frail older adults through individual contact in the home, via telephone or at agency offices located in Lincoln.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

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Congregate Meals

FY 2017-2019 Taxonomy #7

7. CONGREGATE MEALS (1 MEAL) – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Waiver and Title XX meals, or other state-funded programs are **excluded** from the NSIP meals. It is done in a group setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, under the supervision of a registered dietitian, congregate meals are prepared by the AP central kitchen and delivered to senior centers. See Section E: Centers for detailed listing

The AP Congregate Housing Services Program provides non-OAA meal services, prepared by the AP central kitchen at the Burke Plaza and Mahoney Manor housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) funds meals not covered by Title XX.

In Butler, Fillmore, Polk, Saline, Seward & York Counties and under the guidance and approval of a registered dietitian, meals are prepared by a senior center, a central kitchen sponsored by a city/county government or in a commercial kitchen under contract with the county program. Meals not prepared at a senior center are delivered to the center either by paid staff or volunteers. See Section E: Centers for detailed listing

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES Nutrition Counseling

FY 2017-2019 Taxonomy #8

8. NUTRITION COUNSELING (1 SESSION PER PARTICIPANT) – Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a Registered Dietitian, and addresses the options and methods for improving nutritional status. This should be entered as a Registered Service in NAMIS.

Health Professional by Nebraska law and policy is a Registered Dietitian and licensed by the State of Nebraska as a (LMNT) Licensed Medical Nutrition Therapist.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Nutrition screenings and referrals for counseling are received for any older adult in the service area who has been screened at high nutrition risk when enrolling in the network. Services also include screening and counseling provided at fitness festivals or health fairs. All Farmer's Market Coupon Program participants receive nutrition assessment and follow-up services. Services are provided by an AP registered dietitian or nutrition students under direct supervision of staff dietitian. Additionally, services are provided by a registered dietitian on contract with the agency.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES Assisted Transportation

FY 2017-2019 Taxonomy #9

9. ASSISTED TRANSPORTATION (1 ONE-WAY TRIP) – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. It can be done in a one-on-one setting or in a group setting. This should be entered as a Registered Service in NAMIS.

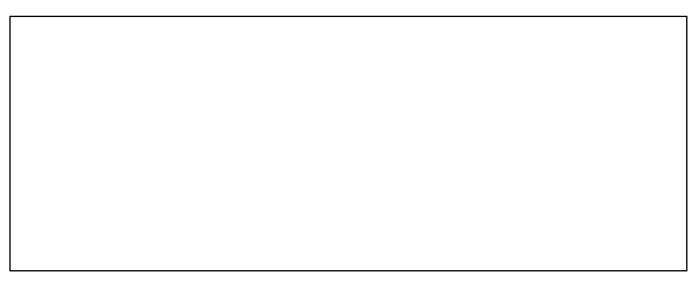
Example: Three people rode the bus, and needed help from their door to the van and getting in and out of the van. This would count as 3 one-way trips or units of service. If the same people rode the bus from the medical facility back to their place of origin, this would count as 6 one-way trips or units of service.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, using either a fleet of primarily ADA compliant small passenger buses or an agency vehicle, consumers are provided assisted transportation to agency services (senior centers, fitness center, health clinic, Foster Grandparent in-services & entertainment events). Senior centers schedule monthly shopping trips and coordinate assisted transportation as part of these activities.

In Polk County, volunteers of the contracted county program provide assisted transportation to and from senior center activities.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.



Transportation

FY 2017-2019 Taxonomy #10

10. TRANSPORTATION (1 ONE-WAY TRIP) – Transportation from one location to another. Does not include any other activity or assistance in getting to or out of the vehicle. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, the AP Congregate Housing Services Program provides taxi-cab vouchers to eligible residents of Burke Plaza, Mahoney Manor and Crossroads housing complexes in Lincoln. A grant from Housing and Urban Development (HUD) and Lincoln Housing Authority (LHA) fund these services.

In Polk, Saline & Seward Counties, individual senior centers coordinate transportation services for participants using both volunteers and paid staff.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Beginning July 1, 2016 Rural Transit services in Butler, Lancaster and York Counties will no longer be tracked as OAA services in NAMIS. The units will be tracked as Non-OAA services in the agency's SAMS/Harmony database to better align reporting to the State with OAA guidelines regarding reimbursement for services.

Legal Assistance

FY 2017-2019 Taxonomy #11

11. LEGAL ASSISTANCE (1 HOUR) – Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Community education presentations made by an attorney are to be counted as Legal Assistance (for example, a presentation on legal issues made to a group of people should be counted as one unit of service). It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Legal services are provided primarily at the AP Legal Clinic in Lancaster County that is staffed by a contracted elderights attorney. Consumers from all counties in the service area can make appointments at the Legal Clinic and assistance arranging transportation is provided if needed. Additionally, legal clinics staffed by the contracted elderights attorney are held in rural counties regularly.

AP supports the Memorandum of Understanding with Legal Aid of Nebraska that funds the Elder AccessLine.

AP supports the Memorandum of Understanding with Legal Aid of Nebraska that funds the Elder AccessLine. Any older adult in the service area can access this service.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES Nutrition Education

FY 2017-2019 Taxonomy #12

12. NUTRITION EDUCATION (1 SESSION PER PARTICIPANT) – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual with comparable expertise. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Example: If you hold 2 nutrition education seminars, and you have 21 people participate between both seminars, then you would document the Quantity as 2 in NAMIS, the Number Served would be 21. It is important to gather both numbers so that the effectiveness can be gauged.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

A programming list that includes twelve nutrition education programs is developed and distributed annually to service providers wanting to schedule nutrition education services for older adults. In addition, twelve nutrition education flyers and activities are created to give center managers and county program managers additional tools to use when discussing good nutrition. Services are provided in Butler, Fillmore, Lancaster, Polk, Saline, Seward and York counties by the AP registered dietitian or nutrition students under direct supervision of staff dietitian.

Utilizing resources provided by or approved by the AP nutrition program, county program managers and center managers schedule regular nutrition programs at senior centers and meal sites in Butler, Fillmore, Polk, Saline, Seward and York.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Reduction in units the result of taxonomy changes regarding how to count the service.	
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SERVICE NARRATIVES Information & Assistance

FY 2017-2019 Taxonomy #13

13. INFORMATION AND ASSISTANCE (1 CONTACT) – A service that:

- Provides individuals with information on services available within the communities.
- Links individuals to the services and opportunities that are available within the communities.
- To the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site "hits" are to be counted only if information is requested and supplied.

This would include any SHIIP and Medicare Part D activities. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

Note: that this service specifies adequate follow-up procedures. These could include that following instructions from a client for "no follow-up" is deemed adequate follow-up by the agency.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP staff provide information and assistance services through a single, well-advertised phone number, fax, TDD and 800 number. The professionally staffed service is available from 9:00 a.m. to 4:00 p.m., Monday through Friday and serves the eight-county area. Screening for complex multiple concerns is a special feature of information and assistance with referrals to AP resources made as needed.

AP maintains an information & assistance community resources directory and additional supplemental files as well as regularly updates all information guides that are available to the public as requested. The agency's website is becoming a growing informational resource for the community with thousands of information guides downloaded monthly.

All AP direct service programs (including Lancaster County senior centers) receive information & assistance requests from the public. Systems have been implemented to collect the data of information & assistance units that meet the standards outlined in the taxonomy.

The designated focal points for information & assistance in Butler, Fillmore, Polk, Saline, Seward and York Counties are the county's aging services office. These county programs have staff trained to assist older adults and caregivers with finding resources, services and opportunities in their communities. Additionally, senior center staff have been trained to work with participants on answering basic questions or referring complex issues on to the local county program manager for additional assistance. See Section E: Centers for detailed listing of senior centers that provide this service.

In addition to the agency's 1-800 information and referral service number, individuals in Saunders County receive information and assistance through the care management program that services the county.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES Outreach

FY 2017-2019 Taxonomy #14

14. OUTREACH (1 CONTACT) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

NOTE: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed Information Services and reported on the Information Services III-B or III-E category. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, AP Community Activities and Services senior center and non-center programs conduct outreach activities to make older adults aware of services available through the agency. See Section E: Centers for detailed listing of senior centers that provide this service.

In Butler, Fillmore, Polk, Saline, Seward and York Counties, the contracted county programs and senior centers conduct outreach activities to make older adults aware of services available through their programs. See Section E: Centers for detailed listing of senior centers that provide this service

AP care management program staff serving Butler, Lancaster, Polk, Saline, Saunders and Seward Counties conduct outreach activities to make older adults aware of services available in their communities.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

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SERVICE NARRATIVES Health Education

FY 2017-2019 Taxonomy #15

April 29, 2016

15. HEALTH EDUCATION (1 CONTACT) – Any other health related education that does not fall under "Nutrition Education". This can include Alzheimer's, depression, dementia, and holiday stress. It is done in a group setting. This should be entered as a group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, AP senior centers also provide a variety of health education programs as part of daily programming. Programs include exercise classes, brain health programs, health education speakers and presentations by the elderlaw attorneys. See Section E: Centers for detailed listing of senior centers that provide this service.

As requested, AP Health & Wellness Program presents a variety of health education programs at a variety of locations in Butler, Fillmore, Polk, Saline, Seward and York Counties. Topics include arthritis, cancer, diabetes, home safety, fall prevention, first aid, osteoporosis and a variety of mental health issues. Aerobic fitness, stretch and tone, strength training, yoga and Pilates classes are included in this category.

In Butler, Fillmore, Polk, Saline, Seward and York Counties, contracted county programs and senior centers coordinate a variety of health programming activities held at centers and other community locations in the counties. Activities include exercise classes, brain health programs, health education speakers and mental health programs. See Section E: Centers for detailed listing of senior centers that provide this service.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

[Goal 4/Objective 1/Strategy g] Emergency Response System Taxonomy #16

FY 2017-2019

16. EMERGENCY RESPONSE SYSTEM (1 CLIENTMONTH) – Direct action to make available emergency response system for persons who are frail or at risk of loss of independence and who can benefit from the security provided by such a system. System must be a formal emergency response system. Formal Emergency Response System. Must be an "electronic notification system." This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Subsidized in-home services (including ERS) are available in all eight counties of the AP service area through the AP Supportive Services Program. Case managers have names of vendors that they provide to older adults or their families. Assistance with setting up services and monitoring their effectiveness is provided when needed. An average subsidy of \$600 is budgeted per client per fiscal year.

AP maintains a fee-for-service ERS program that offers a sliding scale fee structure to make the service affordable. Program staff manage the program and an AP Handyman installs and maintains all equipment as well as providing repairs and replacements. Phillips Lifeline/SentryCare provides 24-hour monitoring and testing. This service is provided primarily to Lincoln-Lancaster County residents with other surrounding communities offered this services as needed or requested.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

The fee for service Phillips Lifeline/SentryCare program is experiencing growth in demand due to increased marketing, new program management and population increases. Revenue from the program is funding the expansion.

SERVICE NARRATIVES Financial Counseling

FY 2017-2019 Taxonomy #18

18. FINANCIAL COUNSELING (1 CONTACT) – Provision of information and presentation of options on a one-to-one basis designed to assist an older individual to obtain financial services and benefits. Service includes public benefits counseling and tax assistance counseling. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP specialized financial counselors, case managers and information & assistance counselors all provide financial counseling to clients in the service area. The financial counselors specialize in the area of public and private insurance with special attention on long-term care insurance. These AP staff members coordinate the provision of Homestead Tax Exemption clinics annually for persons who need assistance.

AP coordinates on-site AARP tax volunteers who provide tax preparation services and financial counseling services at the Downtown Lincoln Senior Center.

Contracted county program staff in Butler, Fillmore, Polk, Saline & York Counties provide financial counseling services to consumers including assistance with Homestead Tax Exemption, Income Tax, and a variety of insurance questions. County program staff are certified SHIIP counselors and attend on-going training through the Department of Insurance.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

To meet service demand, the AP Financial Services Program is projecting increased productivity. A new program administrator is streamlining business processes to help focus program staff more on direct service, hiring a full-time counselor following the retirement of a part-time employee and making plans to schedule clinics in rural locations.

SERVICE NARRATIVES Health Clinic

FY 2017-2019 Taxonomy #19

19. HEALTH CLINIC (1 CONTACT) – Services provided by licensed health care professionals that are designed to identify, prevent or treat a physical or mental health problem. Service must include individualized health intervention provided by a health professional (example: blood pressure, hearing screening, foot clinic, cholesterol screening.) It is done in a one-on-one setting. This should be entered as a group utilization in NAMIS.

Example: This would include health fairs if individualized services (blood pressure, hearing screening, etc.) were provided by a licensed health care professional.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Health & Wellness personal trainers provide one on one services designed to assist people coming into the program's Fitness Center set up safe and effective programs that meet their unique needs. Some individuals, such as those who are visually impaired, need ongoing assistance while at the fitness center. The University of Nebraska Medical Center (UNMC) in coordination with the Health & Wellness program provides two Senior Health Promotion (SHP) clinics per week at the Lincoln Downtown Senior Center which are staffed by UNMC staff and upper level students.

Lancaster County Senior Centers also provide health clinic services--primarily blood pressure clinics staffed by volunteer RNs or LPNs. See Section E: Centers for detailed listing of senior centers that provided this service.

As requested, AP Health & Wellness Program coordinates health clinic services at a variety of locations in Butler, Fillmore, Lancaster, Polk, Saline, Seward and York Counties. Health & Wellness offers monthly foot clinic services in Butler, Saline, Seward and York counties at senior centers in those counties and provides health clinic services such as bone density screenings or health status assessments at health fairs and special events as requested in these counties as well.

Senior centers, operating under the supervision of their contracted county program, provide blood pressure and foot clinics for program participants. The blood pressure and foot clinics are staffed by either RNs or LPNs. See Section E: Centers for detailed listing of senior centers that provided this service.

service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Explanation of increase /decrease of service units: Rased upon the Service Unit Composite Page if the

Health Promotion

FY 2017-2019 Taxonomy #21

21. HEALTH PROMOTION/DISEASE PREVENTION (1 CONTACT) – As of July 1, 2016, all programs using the Title IIID funds will have to meet these criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability, and/or injury among older adults; and
- Proven effective with older adult population, using experimental or quasi-experimental design*; and
- Research results published in a peer review journal; and
- Fully translated** in one or more community site(s); and Includes developed dissemination products that are available to the public.
- * Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.
- ** For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting.

It is done in a group setting. This should be entered as a group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

As requested, the AP Health & Wellness program coordinates health promotion services at locations such as libraries, senior centers or community centers in all counties in the AP planning and service area. Staff are certified to provide Stepping On, Living Well with Chronic Conditions, Powerful Tools for Caregivers and Tai Chi for Better Balance.

Contracted county program managers in Butler, Fillmore, Polk, Saline and Seward coordinate health promotion services at community locations such as libraries, senior centers or community centers. Staff are certified to provide Living Well with Chronic Conditions, Powerful Tools for Caregivers and Tai Chi for Better Balance.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

FY 2017-2019 Taxonomy #22

22. DURABLE MEDICAL EQUIPMENT (1 CONTACT) – The provision of goods to an individual at no cost or at a reduced cost which will directly support the health and independence of the individual with an assessed need.

Goods are adaptive devices or assistive technology to be used by an individual. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, the AP Handyman program re-gifts donated durable-medical equipment for use by clients who cannot obtain equipment through Medicare, Medicaid or private insurance. The program accepts gently-used equipment such as walkers, canes, bath chairs, toilet risers, lift chairs, etc. that are in good working condition and then distributes the items to individuals screened eligible for the program.

Care Management clients in all counties of the service area have access to incontinent supplies available through AP.

Contracted county programs in Butler, Fillmore and Saline Counties coordinate the distribution of recycled durable medical equipment to older adults in need.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Self-Directed Care

FY 2017-2019 Taxonomy #24

24. SELF-DIRECTED CARE (1 PLACEMENT) – This was previously called Cash and Counseling. An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which

- Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
- Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options;
- The needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved);
- Based on the assessment made, the area on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver, or legal representative—
 - a plan of services for such individual that specifies which services such individual will be responsible for directing:
 - o a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
 - o a budget for such services; and
- The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Butler, Fillmore, Lancaster, Polk, Saline, Seward and York Counties, Aging Partners provides Self-Directed Care funds to older adults. Older adults apply for this assistance via the AP care manager or service coordinator with priority given to frail and low-income elders. Self-Directed Care provides flexible, consumer directed service funds that provide older adults maximum flexibility to choose and control their services and supports. Older adults sign a grant agreement that outlines his or her individual budget. The average budget is \$600. These funds can be used to purchase goods, supplies, or items to meet their needs and/or to choose and directly hire workers to provide personal care, homemaker, chore, assisted transportation or emergency response system services.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or
decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES Volunteerism

FY 2017-2019 Taxonomy #29

29. VOLUNTEERISM (1 HOUR) – An uncompensated individual who provides services or support on behalf of older individuals. State Senior Companion program participants should be documented under this NAMIS service. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP volunteers include administrative volunteers & Lincoln/Lancaster County senior center volunteers who may be participants and/or community members including students from high schools, colleges and universities. See Section E: Centers for detailed listing of senior centers that provided this service.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

Foster Grandparent Program volunteer hours have been projected in the Volunteerism/Stipend category per instruction from the State Unit on Aging.

SERVICE NARRATIVES Volunteerism/Stipend

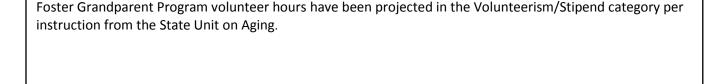
FY 2017-2019 Taxonomy #30

30. VOLUNTEERISM/STIPEND (1 HOUR) — A compensated individual who provides services or support on behalf of older individuals or is a participant in senior corps programs should be entered into NAMIS as Volunteerism/Stipend. This includes the federal Senior Companion program and the Foster Grandparents program. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The Foster Grandparent Program receives grant funding and administration through the Corporation for National & Community Service (CNCS), a federal agency. Foster Grandparents are volunteers who meet the federal criteria: age 55 or better, identity verified, physical/mental health certified, background checked, and income eligible (200% of DHHS poverty guidelines or below). Volunteers are recruited through person-to-person contacts, talks to groups, posters/flyers, Living Well articles, and branded gear for the volunteers. Volunteers must serve 15 hours per week and can serve up to 40; in exchange, they receive a small hourly cost reimbursement that is exempt from income based benefits; plus mileage or transportation assistance, some meals, reimbursed holidays and earned leave, and volunteer insurance. Volunteers are placed primarily in public Title 1 schools. Others are placed with ELL/ESL classrooms, parochial schools, early childhood education centers, community centers, or libraries. The primary focus of volunteer service is to help children who are economically disadvantaged and/or have other "defined" needs to improve engagement with school, school performance, or school readiness.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.



Supportive Services

FY 2017-2019 Taxonomy #35

35. SUPPORTIVE SERVICES (1 HOUR) – Provision of a broad spectrum of services; including but not limited to health, socialization, educational opportunities, recreation, general information, interpretation / translation for the older person. This should be entered as group utilization in NAMIS.

Note: The unit reflects the hours of operation at multipurpose senior centers.

A multipurpose senior center is a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Aging Partners operates senior centers in Lincoln and rural Lancaster County utilizing City of Lincoln staff. Center hours of operation vary but are designed to facilitate a wide range of service options for older adults throughout the community. See Section E: Centers for detailed listing of senior centers.

Senior Centers in the contracted county program area are primarily sponsored by the cities, towns or villages where the center is located. Staffing varies between paid and volunteer positions. County program managers provide technical assistance and oversight to the centers located within their counties with Aging Partners nutrition staff providing on-going additional oversight regarding OAA and state regulations. See Section E: Centers for detailed listing of senior centers

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

FY 2017-2019 Taxonomy #37

37. III-E INFORMATION SERVICES (1 ACTIVITY) – A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.

NOTE: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.

Example: A publication of a brochure:

1 Activity; a health fair = 1 Activity; a Public Service Announcement = 1 Activity.

The Quantity should reflect the activity, the Number Served reflects the number of participants. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

In Lancaster County, all AP senior centers provide at least one educational program annually for caregivers. Speakers are recruited to speak on topics relevant to caregivers and the events are marketed to caregivers through the center newsletter and specialized flyers. See Section E: Centers for detailed listing of senior centers.

AP Marketing and Public Relations staff include articles in the "Caregivers Corner" section of the agency's Living Well magazine that is distributed to over 15,000 addresses across the service area quarterly.

The AP Health & Wellness program staff regularly provides programming and materials for caregiver events. With a focus on promoting caregiver health & wellness, the program targets health fairs, health screenings, health education programs and special events for caregiver services in Butler, Fillmore, Lancaster, Polk, Saline, Seward & York counties.

County program managers in Butler, Fillmore, Polk, Saline, Seward and York Counties develop and facilitate a minimum of twelve caregiver events or activities annually. Activities include caregiver retreats, booths at health fairs, newsletter articles, monthly newspaper columns dedicated to a caregiving topic, and educational activities at senior centers. See Section E: Centers for detailed listing of senior centers.

AP care management program staff serving Butler, Lancaster, Polk, Saline, Saunders and Seward Counties conduct outreach activities at local events to make caregivers aware of services available in the community.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

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SERVICE NARRATIVES III-E Access Assistance

FY 2017-2019 Taxonomy #38

38. III-E ACCESS ASSISTANCE (1 CONTACT) – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

NOTE: Information and assistance to caregivers is an access service, i.e., a service that:

- provides individuals with information on services available within the communities;
- links individuals to the services and opportunities that are available within the communities;
- to the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site "hits" are to be counted only if information is requested and supplied. This service includes information and assistance for caregivers as well as Case Management services for caregivers. It is done in a one-on-one setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP provides answers to caregivers through a single, well-advertised phone number, fax, TDD and 800 number. The professionally staffed service is available from 9:00 a.m. to 4:00 p.m., Monday through Friday and serves the eight-county area. Screening for complex multiple concerns is a special feature of III-E Access Assistance with referrals to AP resources made as needed.

All AP direct service programs receive information & assistance requests from caregivers. Systems have been implemented to collect the data on units that meet the standards outlined in the taxonomy.

The designated focal point for information & assistance for caregivers is the county's aging services office. These contracted county programs in Butler, Fillmore, Polk, Saline, Seward and York Counties have staff trained to assist older adults and caregivers with finding resources, services and opportunities in their communities. Additionally, senior center staff have been trained to work with caregivers on answering basic questions or referring complex issues on to the local county program manager for additional assistance. See Section E: Centers for detailed listing of senior centers.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the

service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES III-E Counseling

FY 2017-2019 Taxonomy #39

39. III-E COUNSELING (1 SESSION PER PARTICIPANT) – Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families.)

The unit of service remains 1 Session per Participant. It can be done in a one-on-one setting or in a group setting. This should be entered as group utilization in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

The Health & Wellness program provides individual counseling sessions with caregivers in Butler, Fillmore, Lancaster, Polk, Saline, Seward and York Counties. Specialized caregiver screenings & educational materials have been developed so that when staff are working on developing a health plan with an individual who is a caregiver, this roll is accommodated. For example, health assessments include stress screenings; Nutrition trainings include opportunities for caregivers to ask questions about nutrition for care recipients; and Fitness consultations include questions about fitness goals related to caregiving tasks such as assisting with transfers or moving specialized equipment. Follow-up contacts are included as needed including referral to a dietitian or care manager.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or

decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

SERVICE NARRATIVES III-E Respite Care

FY 2017-2019 Taxonomy #40

40. III-E RESPITE CARE (1 HOUR) – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Care Recipient must be unable to perform at least 2 ADLs without substantial human assistance or has a cognitive or other mental impairment.

Respite Care includes:

- In-home respite (personal care, homemaker, and other in-home respite)
- Respite provided by attendance of the care recipient at a senior center or other on-residential program
- Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver for Grandparents caring for children (i.e., summer camps)

It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP provides III-E Respite Care service grants to caregivers in the eight-county service area via the Lancaster & Multi-County Supportive Services programs. Caregivers apply for services via his or her AP case manager or service coordinator with priority being given to caregivers of frail and low-income care recipients. The Lancaster and Multi-County Supportive Service programs pay for respite at adult day care and through home health providers. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances.
Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.
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FY 2017-2019 Taxonomy #41

41. III-E SUPPLEMENTAL SERVICES (1 UNIT OF ACTIVITY) – Services provided on a limited basis to complement the care provided by caregivers to a care recipient. A care recipient is someone who is unable to perform at least 2 ADLs without substantial human assistance or has a cognitive or other mental impairment. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title IIIE) to caregivers.

It is done in a one-on-one setting. This should be entered as a Registered Service in NAMIS.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

AP provides III-E Supplemental Service funds to caregivers in the eight- county service area via the Lancaster & Multi-County Supportive Services programs. Caregivers apply for assistance to pay for transportation, emergency response systems, chore services, medical equipment, ramps, incontinence supplies, nutrition & assistive technology services via his or her AP case manager or service coordinator with priority being given to given to caregivers of frail and low-income care recipients. An average subsidy of \$600 is budgeted per client per fiscal year with up to \$1,000 available in special circumstances.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase or decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.

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SERVICE NARRATIVES III-E Self-Directed Care

FY 2017-2019 Taxonomy #42

42. III-E SELF-DIRECTED CARE (PLACEMENT) – This was previously called Cash and Counseling. An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which

- Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
- Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options;
- The needs, capabilities, and preferences of such individual with respect to such services, and such individual's
 ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or
 other agency designed by the area agency on aging involved);
- Based on the assessment made, the area on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver, or legal representative—
 - a plan of services for such individual that specifies which services such individual will be responsible for directing;
 - o a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
 - o a budget for such services; and
- The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

This covers the range of services provided or paid for through allowance, vouchers, or cash which provided to the client so that the client can obtain the supportive services which are needed. Note that the definition does not require reporting of service units, but does require reporting of the unduplicated number of persons served. It is done in a one-on-one setting.

Detailed description of how service is provided: Please include whether service is contracted/subgranted to other agencies/service providers or provided directly by employees of the Area Agency on Aging. Include information for services that will differ and or remain constant.

Aging Partners provides III-E Self-Directed Care funds to caregivers in Butler, Fillmore, Lancaster, Polk, Saline, Seward and York Counties through the Lancaster and Multi-County Family Caregiver Support fund. Caregivers apply for this assistance via the AP care manager or service coordinator with priority given to frail and low-income elders. Self-Directed Care provides flexible, consumer-directed service funds that provide caregivers and care receivers maximum flexibility to choose and control their services and supports. Caregivers sign a grant agreement that outlines his or her individual budget. The average budget is \$600. These funds can be used to purchase goods, supplies, or items to meet their needs and/or to choose and directly hire workers to provide services. Only caregivers are eligible for this service.

Explanation of increase/decrease of service units: Based upon the Service Unit Composite Page, if the service units increased or decreased by 10% or more, please provide a detailed explanation for the increase of decrease. This should include the areas (counties, cities, and senior centers) that are anticipating the increase/decrease and reasons explaining why.	

LEGAL SERVICES NARRATIVE ADDENDUM

1. Does your Agency have a contract with a private attorney/entity to provide Title III B legal services?
⊠ Yes
If Yes, explain the service model used.
Aging Partners contracts with a private attorney to provide legal information, counseling, representation and referral services to individuals throughout the 8 counties served by Aging Partners. The attorney meets with people individually and conducts group educational presentations.
□ No
If No, please describe how legal assistance including legal advice, counseling and representation by an attorney is provided by your Agency.
2. List specific activities planned to market the statewide Elder Access Line (EAL) in your PSA (check all that apply):
□ Disseminate EAL brochures
□ Presentation(s) on legal issues
Newsletter article(s) on Elder Access Line
$oxed{\boxtimes}$ Outreach with community partners serving rural, minority, immigrants, etc.
□ Coordinate referrals and issues resolution with other Title III B provider(s)
☐ Other, describe
3. Describe your outreach efforts to serve targeted population in your PSA.
Aging Partners staff will continue to provide public education programs at public housing, senior centers and other community sites. Legal resource materials are made available to the public at information fairs and community presentations. Aging Partners maintains an informational website that includes legal service resources.

LEGAL SERVICES NARRATIVE ADDENDUM

- 4. List the top five (5) Priority Issues in your PSA.
- 1. PROTECTIVE SERVICES: abuse prevention, financial exploitation, defense of guardianship and conservatorship proceedings, POA, nursing home resident rights.
- 2. PUBLIC BENEFITS: social security , veterans benefits, food stamps, Medicaid, supplemental security income and Medicare
- 3. HOUSING AND ESSENTIAL SERVICES: tenant rights, utilities and public housing
- 4. HEALTH CARE: Patient rights, POS, living wills
- 5. DEBT COLLECTION: assist when repayment agreement is possible or when assets are subject to attachment or garnishment
- 5. Describe any challenges or setbacks experienced in implementing the Statewide Legal Services Standards including serving target populations, addressing priority legal issues, coordinating services with the Elder Access Line and other legal resources or integrating legal services in your aging network.

Accurately reporting client contacts as defined in taxonomy definitions required discussions with the contracted legal services provider. These issues have been addressed.

- 6. List three strategies related to enhancing Legal Services planned for FY 2017 2019. Examples may include developing new partnerships and working agreements with other organizations such as consumer protection agency, EEOC, APS, etc., expanding the continuum of services to meet system gaps and remove barriers to access and; providing education and training to professionals, volunteers and older persons on elder rights and specific laws.
- 1. Provide public education presentations to older persons and caregivers on elder rights.
- 2. Provide public presentations on elder abuse.
- 3. Participate in Aging Partners benefit sign-up clinics.
- 7. A Statewide annual report is issued annually. Please comment on how the annual report is distributed and used by your agency.

Comments:

The Statewide Annual Report is distributed to the Aging Partners Areawide Advisory Council and made available through the Aging Partners website.

Project Name: TRIAD

Objectives

The objective of the TRIAD program is to utilize senior volunteers to inform and educate older citizens about various scams, schemes, and abusive activities that may befall them. By being informed and made aware, it keeps elders from becoming victims. Also, the program teaches them how to report abuse and exploitation if they feel they have been taken advantage of.

Describe how the project will enhance identification, prevention and treatment of elder abuse, neglect and exploitation

TRIAD volunteers meet monthly with representative from the Sheriff's Office, the Police Department, the Attorney General's Office, the Better Business Bureau, Adult Protective Services, Aging Partners, the Fire Department, AARP, a caregiver group leader, and a local bank. From these agencies, they learn about all the current fraudulent activities and abuses that are targeting older citizens. In turn, they go out and make presentations to groups and organizations, sharing the information with all who will listen. They distribute brochures, pamphlets, and bookmarks to reinforce their message. They encourage possible victims to seek assistance from law enforcement and social service agencies by providing contact information and phone numbers for them. The volunteers maintain a web site that contains a list of their activities and recent scams and links to other related sites. They also distribute *Files of Life*, a red magnetic envelope that contains, when completely filled out, vital personal medical information. This is an assist for medical personnel in case of a medical emergency.

Key Components of the Project

The volunteers are the driving force of TRIAD. They continually update the scripts and PowerPoint presentations that they take to groups, and are continually looking for new audiences. They continually update their web site. They have created informational brochures and bookmarks with contact numbers to call and reminder warnings to enhance their message. A billboard rotates around the City with the warning to "Stop Elder Abuse" and an 800 number to call. Radio spots produced by TRIAD encourage people to report any elder abuse they suspect, and remind folks to be vigilant. They also sponsor an ad in a local quarterly 55+ newspaper. All these efforts will continue as information sharing and education are the most important element for the volunteers.

Identity theft is still are one of the most pervasive exploitation of elder adults. Added emphasis now is on how easily one's identity can be stolen. As more seniors are learning about and using computers there are more ways for people to be tricked into sharing their personal information and account numbers online. Special presentations are specifically tailored to discuss electronic identity theft and the kinds of things that people need to do to prevent financial exploitation will be enumerated. Concise hand-out materials will also be made available for the audience to take home for further reference. Also a *File of Life*, the magnetic envelope which contains personal medical information on an individual, will be available. Help with credit checks and shredding activities during the year will also occupy the TRIAD volunteers.

Budget Summary

Total	\$ 5,000
Nametags & recognition items	100
Advertising: laminated bookmarks	900
Advertising: radio spots	1,300
Advertising: newspaper ads, etc.	600
Handouts printing, copying & mailing	200
Printer Cartridges	150
Billboard, rotating around the City	\$ 1,750

Submitted by (Name of AAA): Aging Partners

Project Contact:

Lily Hans: 402-484-9682

A report on the project will be submitted to the State Unit on Aging within 30 days of project completion

CONTRACTORS PROVIDING A	NY SERVIC	E TO OLDE	R INDIVIDU	ALS	
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N
Butler County Senior Services	4	\$198,418	N	N	Υ
	7				Y
	10				N
	12				Y
	13				N
	14				N
	15				N
	19				N
	21				N
	22				N
	35				N
	37				Υ
	38				Υ

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CONTRACTORS PROVIDING ANY SERVICE TO OLDER INDIVIDUALS												
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N							
Fillmore County Senior Services	4	\$406,465	N	N	Υ							
	6				N							
	7				Υ							
	10				N							
	12				Y							
	13				N							
	14				N							
	15				N							
	18				N							
	19				N							
	21				Y							
	35				N							
	38		_		Υ							

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CONTRACTORS PROVIDING AI	NY SERVIC	E TO OLDE	R INDIVIDU	ALS	
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N
Legal Services Contractor	11	\$64,153	N	Υ	Υ
Elite Professionals Home Care	1	\$29,240	N	Υ	N
Elite Professionals Home Care	2	\$36,975	N	Υ	N
First Care Home Health Service	2	\$19,048	N	Υ	N
Helping Hands Estate Services	3	\$6,362	Υ	Υ	N
Tabitha, Inc	4	\$170,000	N	Υ	Υ
Paula Ritter Gooder	8	\$14,250	N	Υ	Υ
Paula Ritter Gooder	12	\$14,250	N	Υ	Υ

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CONTRACTORS PROVIDING A	NY SERVIC	E TO OLDE	R INDIVIDU	ALS	
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N
Polk County Senior Services	4	\$196,785	N	N	Υ
	7				Υ
	9				N
	10				N
	12				Y
	13				N
	14				N
	15				N
	19				N
	21				N
	35				N
	37				Υ
	38				Υ

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CONTRACTORS PROVIDING A	NY SERVIC	E TO OLDE	R INDIVIDU	ALS	
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N
Saline County Senior Services	4	\$167,213	N	N	Υ
	7				Υ
	12				Y
	13				Y
	14				N
	15				N
	18				N
	19				N
	21				N
	22				N
	35				Y
	37				Υ
	38				Υ

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CONTRACTORS PROVIDING A	NY SERVIC	E TO OLDEI	R INDIVIDUA	LS	
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N
Seward County Senior Services	4	\$310,730	N	N	Υ
	6				N
	7				Υ
	10				N
	12				Υ
	13				N
	14				N
	15				N
	19				N
	21				N
	35				N
	37				N
	38				Υ

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CONTRACTORS PROVIDING <u>ANY</u> SERVICE TO OLDER INDIVIDUALS												
Contractor, list consecutively	Service Number	Total Cost of Contract	Minority Contractor Y/N	Non-Gov. Entity Contractor Y/N	Provided Service Paid with any OAA Funds Y/N							
York County Senior Services	4	\$202,646	N	N	N							
	6				Υ							
	7				Υ							
	9				Υ							
	10				Υ							
	12				Υ							
	13				Υ							
	14				Υ							
	15				N							
	18				N							
	19				N							
	35				Υ							
	37				Υ							
	38				Υ							
	39				Υ							

Service Number	Area Agency on Aging	Max. Cost	Provide Service Paid by OAA Y/N
1	Personal Care	\$39,586	Υ
2	Homemaker	\$59,413	Υ
3	Chore	\$90,199	Υ
4	Home Delivered Meals	\$52,626	Υ
5	Case Management	\$811,947	Υ
6	Care Management	\$475,060	N
7	Congregate Meals	\$903,234	Υ
9	Assisted Transportation	\$196,177	Υ
10	Transportation	\$102,347	Υ
11	Legal Assistance	\$32,516	Υ
12	Nutrition Education	\$22,189	Υ
13	Information & Assistance	\$472,956	Υ
14	Outreach	\$133,655	Υ
15	Health Education	\$189,037	N
16	Emergency Response System	\$9,466	Υ
18	Financial Counseling	\$142,490	Υ
19	Health Clinic	\$98,526	N
21	Health Promotion/Disease Prevent	\$94,823	Υ
22	Durable Medical Equipment	\$5,609	N
24	Self-Directed Care	\$45,262	N
29	Volunteerism	\$211,827	Υ
30	Volunteerism/Stipend	\$136,295	N
35	Supportive Services	\$350,433	Υ
37	Information Services-III E	\$15,759	Υ
38	38 Access Assistance-III E		Υ
39	Counseling-III E	\$14,069	Υ
40	Respite Care-III E	\$28,235	Υ
41	Supplemental Services-III E	\$15,989	Υ
42	Self-Directed Care-III E	\$33,094	Υ

SECTION D

One-Year Budget

In this Application and Plan the following transfers of funds between funding

categories are included. This repre	- Title III-B to Title III-C(2)										
- Title III-B to Title III-C(1)		\$									
- Title III-B to Title III-C(2)		\$									
- Title III-C(1) to Title III-B		\$									
- Title III-C(1) to Title III-C(2)		\$									

.....

COMMENTS:

Title III-C(2) to Title III-C(1)Title III-C(2) to Title III-B

Not Applicable		

NOTE: ONLY THE ABOVE MENTIONED FUNDS CAN BE TRANSFERRED.

APPROVAL OF THE AREA PLAN FOR FISCAL YEAR 2016 INCLUDES APPROVAL OF THIS REQUEST.

FY 2017 BUDGET - GRAND TOTAL

F1 2	UI7 BUDGEI - GRAND	_		_	TITLE III-	_	TITLE III-	_	TITLE III-D	-	TTT:	_	CACA Only		Othor	_	itle VII	TOTAL
		1,1	ITLE III-B & CASA	6	(1) & CASA		(2) & CASA		& CASA		TITLE III E & CASA		CASA Only	F	Other Programs	I IIIIE VII		TOTAL
				. ,		` '							(r	ot funded				
															by SUA)			
cos	T CATEGORIES																	
	1. Personnel	\$	2,532,696.00	\$	1,201,024.00	\$	285,833.00	\$	449,107.00	\$	197,036.00	\$	504,173.00	\$	635,592.00	\$	-	\$ 5,805,461.00
	2. Travel	\$	41,174.00	\$	27,399.00	\$	6,775.00	\$	5,034.00	\$	1,648.00	\$	12,556.00	\$	29,263.00	\$	-	\$ 123,849.00
1	3. Print & Supp.	\$	102,719.00	\$	65,757.00	\$	14,176.00	\$	7,256.00	\$	2,709.00	\$	1,419.00	\$	6,327.00	\$	950.00	\$ 201,313.00
	4. Equipment	\$	20,090.00	\$	11,152.00	\$	3,297.00	\$	1,570.00	\$	669.00	\$	-	\$	10,800.00	\$	-	\$ 47,578.00
	5. Build Space	\$	244,748.00	\$	98,150.00	\$	11,519.00	\$	43,029.00	\$	11,986.00	\$	10,028.00	\$	15,465.00	\$	1,638.00	\$ 436,563.00
	6. Comm. & Utilit.	\$	59,723.00	\$	39,376.00	\$	13,947.00	\$	10,705.00	\$	3,523.00	\$	8,462.00	\$	3,418.00	\$	283.00	\$ 139,437.00
	7. Other	\$	176,998.00	\$	111,891.00	\$	24,473.00	\$	42,566.00	\$	11,038.00	\$	7,524.00	\$	26,552.00	\$	4,050.00	\$ 405,092.00
	8a. Raw Food	\$	-	\$	444,103.00	\$	113,154.00	\$	-	\$	-	\$	-	\$	43,921.00	\$	-	\$ 601,178.00
	8b. Contractual	\$	245,600.00	\$	-	\$	448,911.00	\$	-	\$	75,041.00	\$	134,202.00	\$	183,325.00	\$	-	\$ 1,087,079.00
9. 6	GROSS COST	\$	3,423,748.00	\$	1,998,852.00	\$	922,085.00	\$	559,267.00	\$	303,650.00	\$	678,364.00	\$	954,663.00	\$	6,921.00	\$ 8,847,550.00
NON	-MATCHING																	
1	.0. Other Funding	\$	59,573.00	\$	13,521.00	\$	8,413.00	\$	30,050.00	\$	999.00	\$	-	\$	683,667.00	\$	-	\$ 796,223.00
1	.1a. Title XX/Medicaid	\$	-	\$	60,345.00	\$	24,952.00	\$	-	\$	-	\$	-	\$	35,000.00	\$	-	\$ 120,297.00
1	.1b. NSIP	\$	-	\$	69,213.00	\$	77,734.00	\$	-	\$	-	\$	-	\$	-	\$	-	\$ 146,947.00
1	.2a. Income Cont./Fees	\$	146,262.00	\$	364,713.00	\$	350,075.00	\$	54,495.00	\$	-	\$	2,000.00	\$	219,299.00	\$	-	\$ 1,136,844.00
12b.	TOTAL NON-MATCH	\$	205,835.00	\$	507,792.00	\$	461,174.00	\$	84,545.00	\$	999.00	\$	2,000.00	\$	937,966.00	\$	-	\$ 2,200,311.00
13.	ACTUAL COST	\$	3,217,913.00	\$	1,491,060.00	\$	460,911.00	\$	474,722.00	\$	302,651.00	\$	676,364.00	\$	16,697.00	\$	6,921.00	\$ 6,647,239.00
MAT	СН																	
1	.4a. Local Public (Cash)	\$	2,129,977.00	\$	787,567.00	\$	159,691.00	\$	185,738.00	\$	106,201.00	\$	-	\$	16,697.00	\$	-	\$ 3,385,871.00
1	4b. Local Public (In-Kind)	\$	135,510.00	\$	69,995.00	\$	23,661.00	\$	16,969.00	\$	2,873.00	\$	-	\$	-	\$	1,921.00	\$ 250,929.00
1	.5a. Local Other (In-Kind)	\$	-	\$	-	\$	_	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -
1	.5b. Local Other-Cash	\$	2,613.00	\$	1,114.00	\$	298.00	\$	-	\$	255.00	\$	-	\$	-	\$	-	\$ 4,280.00
16a.	TOTAL LOCAL MATCH	\$	2,268,100.00	\$	858,676.00	\$	183,650.00	\$	202,707.00	\$	109,329.00	\$	-	\$	16,697.00	\$	1,921.00	\$ 3,641,080.00
16t C	Cost Less Match	\$	949,813.00	\$	632,384.00	\$	277,261.00	\$	272,015.00	\$	193,322.00	\$	676,364.00	\$	•	\$	5,000.00	\$ 3,006,159.00
FUN	DING																	
1	.7a. CASA	\$	615,240.00	\$	180,572.00	\$	67,487.00	\$	258,325.00	\$	14,196.00	\$	94,000.00	\$	-	\$	-	\$ 1,229,820.00
1	.7b. CASA (Used as Match)	\$	_	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ _
1	.8a. Reservation	\$	334,573.00	\$	451,812.00	\$	209,774.00	\$	13,690.00	\$	179,126.00	\$	201,304.00	\$	-	\$	5,000.00	\$ 1,395,279.00
1	.8b. Special Award	\$	-	\$	-	\$	-	\$	•	\$		\$	-	\$	-	\$	-	\$ -
	8c. Care Management	\$	_	\$	-	\$	-	\$	-	\$	-	\$	381,060.00	\$	-	\$	-	\$ 381,060.00
				_				_								_		

FY 2017 BUDGET - Title III-B and CASA

			ACC	ESS SERVICES			
[Taxonomy #, Service, Unit Measure]	5. Case Management III-B (1 hour)		10. Transportation (1 way trip)	13. Info & Assist (1 contact)	14. Outreach (1 contact)	18. Financial Counseling 1 contact)	Access Services SubTotal
COST CATEGORIES							
Personnel	\$597,895	\$162,760	\$77,197	\$592,619	\$153,152	\$147,151	\$1,730,774
2. Travel	\$6,202	\$17,492	\$2,082	\$6,055	\$1,492	\$1,256	\$34,579
3. Print & Supp.	\$6,396	\$2,561	\$2,503	\$8,735	\$3,345	\$1,698	\$25,238
4. Equipment	\$3,345	\$6,056	\$84	\$2,399	\$1,126	\$532	\$13,542
5. Build Space	\$28,788	\$25,751	\$2,616	\$44,855	\$21,369	\$12,616	\$135,995
6. Comm. & Utilit.	\$10,589	\$2,160	\$7,187	\$12,299	\$4,788	\$2,067	\$39,090
7. Other	\$24,941	\$21,371	\$5,781	\$30,001	\$6,943	\$5,809	\$94,846
8a. Raw Food	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8b. Contractual	\$0	\$425	\$2,124	\$0	\$0	\$0	\$2,549
9. GROSS COST	\$678,156	\$238,576	\$99,574	\$696,963	\$192,215	\$171,129	\$2,076,613
NON-MATCHING							
Other Funding	\$33,631	\$0	\$712	\$13,038	\$2,907	\$283	\$50,571
11a. Title XX/Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11b. NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12a. Income Cont./Fees	\$8,240	\$17,875	\$0	\$0	\$0	\$500	\$26,615
12b. TOTAL NON-MATCH	\$41,871	\$17,875	\$712	\$13,038	\$2,907	\$783	\$77,186
13. ACTUAL COST	\$636,285	\$220,701	\$98,862	\$683,925	\$189,308	\$170,346	\$1,999,427
MATCH							
14a. Local Public (Cash)	\$443,413	\$169,663	\$36,200	\$434,561	\$107,550	\$134,227	\$1,325,614
14b. Local Public (In-Kind)	\$23,421	\$1,417	\$18,979	\$27,308	\$3,958	\$741	\$75,824
15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15b. Local Other-Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16a. TOTAL LOCAL MATCH	\$466,834	\$171,080	\$55,179	\$461,869	\$111,508	\$134,968	\$1,401,438
16t Cost Less Match	\$169,451	\$49,621	\$43,683	\$222,056	\$77,800	\$35,378	\$597,989
FUNDING							
17a. CASA	\$98,798	\$25,559	\$32,442	\$154,838	\$68,548	\$18,548	\$398,733
17b. CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
18a. Reservation	\$70,653	\$24,062	\$11,241	\$67,218	\$9,252	\$16,830	\$199,256
18b. Special Award	\$0	\$0	\$0	\$0	\$0	\$0	\$0
18c. Care Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0
18d TOTAL SUA COST	\$169,451	\$49,621	\$43,683	\$222,056	\$77,800	\$35,378	\$597,989
-		1			1	1	
Projected Units	9,555.00	17,854	7,361	191,375	32,740	6,559	

Projected Units	9,555.00	17,854	7,361	191,375	32,740	6,559
Gross Cost Per Unit (9)	\$ 70.97	\$ 13.36	\$ 13.53	\$ 3.64	\$ 5.87	\$ 26.09
Match Per Unit (16b)	\$ 48.86	\$ 9.58	\$ 7.50	\$ 2.41	\$ 3.41	\$ 20.58
Total SUA Per Unit (18d)	\$ 17.73	\$ 2.78	\$ 5.93	\$ 1.16	\$ 2.38	\$ 5.39

FY 2017 BUDGET - Title III-B and CASA

	2017 BUDGET - TITIE III		-	IN-HOME	SERVICES		
Meas	conomy #, Service, Unit sure]	1. Personal Care (1 hour)	2. Homemaker (1 hour)	3. Chore (1 hour)	16. Emer Resp Sys (Client Month)	22. Dur Med Equip (1 contact)	In-Home Services Sub Total
	ATEGORIES						
	Personnel	\$40,597	\$58,729	\$81,362	\$8,916	\$6,914	\$196,518
	Travel	\$314	\$426	\$708	\$69	\$67	\$1,584
	Print & Supp.	\$318	\$459	\$12,161	\$90	\$86	\$13,114
	Equipment	\$103	\$149	\$1,633	\$253	\$20	\$2,158
	Build Space	\$1,801	\$2,485	\$5,349	\$656	\$326	\$10,617
	Comm. & Utilit.	\$542	\$711	\$3,115	\$434	\$167	\$4,969
	Other	\$1,626	\$2,192	\$11,456	\$515	\$372	\$16,161
	Raw Food	\$0	\$0	\$0	\$0	\$0	\$0
	Contractual	\$24,854	\$41,712	\$85,208	\$2,124	\$0	\$153,898
9. GRO	SS COST	\$70,155	\$106,863	\$200,992	\$13,057	\$7,952	\$399,019
NON-MA	ATCHING						
10.	Other Funding	\$0	\$0	\$0	\$0	\$167	\$167
11a.	Title XX/Medicaid	\$0	\$0	\$0	\$0	\$0	\$0
11b.	NSIP	\$0	\$0	\$0	\$0	\$0	\$0
12a.	Income Cont./Fees	\$0	\$0	\$64,345	\$0	\$0	\$64,345
12b. TC	OTAL NON-MATCH	\$0	\$0	\$64,345	\$0	\$167	\$64,512
13. ACT	TUAL COST	\$70,155	\$106,863	\$136,647	\$13,057	\$7,785	\$334,507
MATCH							
14a.	Local Public (Cash)	\$48,327	\$69,448	\$68,886	\$8,627	\$5,203	\$200,491
14b.	Local Public (In-Kind)	\$172	\$252	\$3,246	\$36	\$361	\$4,067
15a.	Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0
15b.	Local Other-Cash	\$0	\$0	\$0	\$0	\$0	\$0
	TAL LOCAL MATCH	\$48,499	\$69,700	\$72,132	\$8,663	\$5,564	\$204,558
16t Cost	t Less Match	\$21,656	\$37,163	\$64,515	\$4,394	\$2,221	\$129,949
FUNDIN							
	CASA	\$13,100	\$23,568	\$18,783	\$3,299	\$1,380	\$60,130
17b.	CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0	\$0
18a.	Reservation	\$8,556	\$13,595	\$45,732	\$1,095	\$841	\$69,819
18b.	Special Award	\$0	\$0	\$0	\$0	\$0	\$0
	Care Management	\$0	\$0	\$0	\$0	\$0	\$0
18d TC	OTAL SUA COST	\$21,656	\$37,163	\$64,515	\$4,394	\$2,221	\$129,949
Proje	ected Units	2,035	5,606	4,900	200	645	1
Gros	s Cost Per Unit (9)	\$ 34.47	\$ 19.06	\$ 41.02	\$ 65.29	\$ 12.33	
							1

·					
Projected Units	2,035	5,606	4,900	200	645
Gross Cost Per Unit (9)	\$ 34.47	\$ 19.06	\$ 41.02	\$ 65.29	\$ 12.33
Match Per Unit (16b)	\$ 23.83	\$ 12.43	\$ 14.72	\$ 43.32	\$ 8.63
Total SUA Per Unit (18d)	\$ 10.64	\$ 6.63	\$ 13.17	\$ 21.97	\$ 3.44

FY 2017 BUDGET - Title III-B and CASA

		Legal	Supportive	Self-Directed	Volunteer	Admin	
	[Taxonomy #, Service, Unit Measure]	11. Legal Assistance (1 hour)	35. Supportive Services (1 hour)	24. Self Directed Care (1 placement)	29. Volunteerism (1 hour)	Area Plan Admin	TOTAL
COS	ST CATEGORIES						
	Personnel	\$30,489	\$379,091	\$20,653	\$54,605	\$120,566	\$2,532,696
	2. Travel	\$268	\$3,456	\$183	\$186	\$918	\$41,174
	3. Print & Supp.	\$105	\$59,484	\$179	\$1,240	\$3,359	\$102,719
	4. Equipment	\$73	\$3,484	\$72	\$221	\$540	\$20,090
	5. Build Space	\$1,644	\$73,202	\$1,150	\$17,365	\$4,775	\$244,748
	6. Comm. & Utilit.	\$482	\$12,976	\$275	\$689	\$1,242	\$59,723
	7. Other	\$790	\$48,019	\$725	\$1,447	\$15,010	\$176,998
	8a. Raw Food	\$0	\$0	\$0	\$0	\$0	\$0
	8b. Contractual	\$64,153	\$0	\$25,000	\$0	\$0	\$245,600
9.	GROSS COST	\$98,004	\$579,712	\$48,237	\$75,753	\$146,410	\$3,423,748
NO	N-MATCHING						
	10. Other Funding	\$0	\$8,835	\$0	\$0	\$0	\$59,573
	11a. Title XX/Medicaid	\$0	\$0	\$0	\$0	\$0	\$0
	11b. NSIP	\$0	\$0	\$0	\$0	\$0	\$0
	12a. Income Cont./Fees	\$0	\$55,302	\$0	\$0	\$0	\$146,262
	. TOTAL NON-MATCH	\$0	\$64,137	\$0	\$0	\$0	\$205,835
	ACTUAL COST	\$98,004	\$515,575	\$48,237	\$75,753	\$146,410	\$3,217,913
MA.	тсн						
	14a. Local Public (Cash)	\$86,434	\$343,999	\$19,445	\$70,412	\$83,582	\$2,129,977
	14b. Local Public (In-Kind)	\$0	\$55,533	\$86	\$0	\$0	\$135,510
	15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0
	15b. Local Other-Cash	\$0	\$0	\$0	\$0	\$2,613	\$2,613
	. TOTAL LOCAL MATCH	\$86,434	\$399,532	\$19,531	\$70,412	\$86,195	\$2,268,100
	Cost Less Match	\$11,570	\$116,043	\$28,706	\$5,341	\$60,215	\$949,813
	NDING		4	4		4	
	17a. CASA	\$4,771	\$81,727	\$27,306	\$3,091	\$39,482	\$615,240
	17b. CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0	\$0
	18a. Reservation	\$6,799	\$34,316	\$1,400	\$2,250	\$20,733	\$334,573
	18b. Special Award	\$0	\$0	\$0	\$0	\$0	\$0
	18c. Care Management	\$0	\$0	\$0	\$0	\$0	\$0
18d	TOTAL SUA COST	\$11,570	\$116,043	\$28,706	\$5,341	\$60,215	\$949,813

Projected Units	2,520	30,477	45	13,908	ı
Gross Cost Per Unit (9)	\$ 38.89	\$ 19.02	\$ 1,071.93	\$ 5.45	#DIV/0!
Match Per Unit (16b)	\$ 34.30	\$ 13.11	\$ 434.02	\$ 5.06	#DIV/0!
Total SUA Per Unit (18d)	\$ 4.59	\$ 3.81	\$ 637.91	\$ 0.38	#DIV/0!

FY 2017 BUDGET - Congregate MealsTitle III-C(1) and CASA

[Taxonomy #, Service, Unit Measure]	7. Congregate Meals (1 meal)	I Olincaling (1 cacción legicatión (1 cacción / l		Area Plan Admin	TOTAL
COST CATEGORIES					
1. Personnel	\$1,003,618	\$20,296	\$82,001	\$95,109	\$1,201,024
2. Travel	\$25,688	\$103	\$1,041	\$567	\$27,399
3. Print & Supp.	\$62,092	\$191	\$1,848	\$1,626	\$65,757
4. Equipment	\$10,103	\$164	\$506	\$379	\$11,152
5. Build Space	\$86,063	\$1,642	\$6,061	\$4,384	\$98,150
6. Comm. & Utilit.	\$35,148	\$154	\$3,298	\$776	\$39,376
7. Other	\$66,232	\$16,013	\$20,918	\$8,728	\$111,891
8a. Raw Food	\$444,103	\$0	\$0	\$0	\$444,103
8b. Contractual	\$0	\$0	\$0	\$0	\$0
9. GROSS COST	\$1,733,047	\$38,563	\$115,673	\$111,569	\$1,998,852
NON-MATCHING					
10. Other Funding	\$10,177	\$0	\$3,344	\$0	\$13,521
11a. Title XX/Medicaid	\$60,345	\$0	\$0	\$0	\$60,345
11b. NSIP	\$69,213	\$0	\$0	\$0	\$69,213
12a. Income Cont./Fees	\$364,713	\$0	\$0	\$0	\$364,713
12b. TOTAL NON-MATCH	\$504,448	\$0	\$3,344	\$0	\$507,792
13. ACTUAL COST	\$1,228,599	\$38,563	\$112,329	\$111,569	\$1,491,060
MATCH					
14a. Local Public (Cash)	\$712,832	\$5,517	\$28,810	\$40,408	\$787,567
14b. Local Public (In-Kind)	\$63,345	\$0	\$6,650	\$0	\$69,995
15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0
15b. Local Other-Cash	\$0	\$0	\$0	\$1,114	\$1,114
16a. TOTAL LOCAL MATCH	\$776,177	\$5,517	\$35,460	\$41,522	\$858,676
16t Cost Less Match	\$452,422	\$33,046	\$76,869	\$70,047	\$632,384
FUNDING					
17a. CASA	\$104,414	\$11,684	\$32,027	\$32,447	\$180,572
17b. CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0
18a. Reservation	\$348,008	\$21,362	\$44,842	\$37,600	\$451,812
18b. Special Award	\$0	\$0	\$0	\$0	\$0
18c. Care Management	\$0	\$0	\$0	\$0	\$0
18d TOTAL SUA COST	\$452,422	\$33,046	\$76,869	\$70,047	\$632,384

Projected Units	121,240.00	841.00	16,467.00	-
Gross Cost Per Unit (9)	\$ 14.29	\$ 45.85	\$ 7.02	#DIV/0!
Match Per Unit (16b)	\$ 6.40	\$ 6.56	\$ 2.15	#DIV/0!
Total SUA Per Unit (18d)	\$ 3.73	\$ 39.29	\$ 4.67	#DIV/0!

FY 2017 BUDGET - Home-Delive	red Meals Tit	le III-C(2) a	nd CASA
[Taxonomy #, Service, Unit Measure]	4. Home Delivered Meals (1 meal)	Area Plan Admin	TOTAL
COST CATEGORIES			
1. Personnel	\$261,929	\$23,904	\$285,833
2. Travel	\$6,629	\$146	\$6,775
3. Print & Supp.	\$13,745	\$431	\$14,176
4. Equipment	\$3,201	\$96	\$3,297
5. Build Space	\$10,426	\$1,093	\$11,519
6. Comm. & Utilit.	\$13,747	\$200	\$13,947
7. Other	\$22,209	\$2,264	\$24,473
8a. Raw Food	\$113,154	\$0	\$113,154
8b. Contractual	\$448,911	\$0	\$448,911
9. GROSS COST	\$893,951	\$28,134	\$922,085
NON-MATCHING			
10. Other Funding	\$8,413	\$0	\$8,413
11a. Title XX/Medicaid	\$24,952	\$0	\$24,952
11b. NSIP	\$77,734	\$0	\$77,734
12a. Income Cont./Fees	\$350,075	\$0	\$350,075
12b. TOTAL NON-MATCH	\$461,174	\$0	\$461,174
13. ACTUAL COST	\$432,777	\$28,134	\$460,911
MATCH			
14a. Local Public (Cash)	\$148,539	\$11,152	\$159,691
14b. Local Public (In-Kind)	\$23,661	\$0	\$23,661
15a. Local Other (In-Kind)	\$0	\$0	\$0
15b. Local Other-Cash	\$0	\$298	\$298
16a. TOTAL LOCAL MATCH	\$172,200	\$11,450	\$183,650
16b Cost Less Match	\$260,577	\$16,684	\$277,261
FUNDING			
17a. CASA	\$56,903	\$10,584	\$67,487
17b. CASA (Used as Match)	\$0	\$0	\$0
18a. Reservation	\$203,674	\$6,100	\$209,774
18b. Special Award	\$0	\$0	\$0
18c. Care Management	\$0	\$0	\$0
18d TOTAL SUA COST	\$260,577	\$16,684	\$277,261

Projected Units	116,057.00	-
Gross Cost Per Unit (9)	\$ 7.70	#DIV/0!
Match Per Unit (16b)	\$ 1.48	#DIV/0!
Total SUA Per Unit (18d)	\$ 2.25	#DIV/0!

FY 2017 BUDGET - Title III-D				
			24 1114	
FT	15 UIII-51	19. Health	21. Health	
[Taxonomy #, Service, Unit	15. Health Ed	Clinic (1	Promotion /	TOTAL
Measure]	(1 contact)	contact)	Disease	
			Prevention	
COST CATEGORIES				
Personnel	\$228,970	\$113,350	\$106,787	\$449,107
2. Travel	\$2,442	\$1,736	\$856	\$5,034
3. Print & Supp.	\$3,603	\$2,107	\$1,546	\$7,256
4. Equipment	\$1,000	\$444	\$126	\$1,570
5. Build Space	\$22,368	\$11,026	\$9,635	\$43,029
6. Comm. & Utilit.	\$5,978	\$2,844	\$1,883	\$10,705
7. Other	\$17,917	\$12,874	\$11,775	\$42,566
8a. Raw Food	\$0	\$0	\$0	\$0
8b. Contractual	\$0	\$0	\$0	\$0
9. GROSS COST	\$282,278	\$144,381	\$132,608	\$559,267
NON-MATCHING				
10. Other Funding	\$1,851	\$1,928	\$26,271	\$30,050
11a. Title XX/Medicaid	\$0	\$0	\$0	\$0
11b. NSIP	\$0	\$0	\$0	\$0
12a. Income Cont./Fees	\$24,650	\$20,000	\$9,845	\$54,495
12b. TOTAL NON-MATCH	\$26,501	\$21,928	\$36,116	\$84,545
13. ACTUAL COST	\$255,777	\$122,453	\$96,492	\$474,722
MATCH				
14a. Local Public (Cash)	\$122,684	\$44,519	\$18,535	\$185,738
14b. Local Public (In-Kind)	\$9,913	\$3,802	\$3,254	\$16,969
15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0
15b. Local Other-Cash	\$0	\$0	\$0	\$0
16a. TOTAL LOCAL MATCH	\$132,597	\$48,321	\$21,789	\$202,707
16b Cost Less Match	\$123,180	\$74,132	\$74,703	\$272,015
FUNDING				
17a. CASA	\$123,180	\$74,132	\$61,013	\$258,325
17b. CASA (Used as Match)	\$0	\$0	\$0	\$0
18a. Reservation	\$0	\$0	\$13,690	\$13,690
18b. Special Award	\$0	\$0	\$0	\$0
18c. Care Management	\$0	\$0	\$0	\$0
18d TOTAL SUA COST	\$123,180	\$74,132	\$74,703	\$272,015

Projected Units	43,507.00	9,152.00	9,526.00
Gross Cost Per Unit (9)	\$ 6.49	\$ 15.78	\$ 13.92
Match Per Unit (16b)	\$ 3.05	\$ 5.28	\$ 2.29
Total SUA Per Unit (18d)	\$ 2.83	\$ 8.10	\$ 7.84

	37. III-E	38. III-E	39. III-E		41. III-E			
[Taxonomy #, Service, Unit	Information	Access	Counseling	40. III-E	Supplemental	42. III-E Self	Area Plan	
Measure	Services (1	Assistance	(1 session	Respite Care	Services (1	Directed Care (1	Admin	TOTAL
Measurej	,		per	(1 hour)	activity)	placement)	Aumm	
	activity)	(1 contact)	participant)		activity)			
OST CATEGORIES								
1. Personnel	\$17,900	\$76,345	\$16,739	\$32,488	\$19,360	\$18,225	\$15,979	\$197,0
2. Travel	\$143	\$670	\$161	\$267	\$157	\$147	\$103	\$1,6
3. Print & Supp.	\$353	\$983	\$214	\$370	\$236	\$221	\$332	\$2,7
4. Equipment	\$44	\$351	\$11	\$98	\$53	\$61	\$51	\$6
5. Build Space	\$1,485	\$4,848	\$1,477	\$1,669	\$950	\$957	\$600	\$11,9
6. Comm. & Utilit.	\$357	\$1,906	\$138	\$465	\$295	\$223	\$139	\$3,5
7. Other	\$738	\$4,312	\$528	\$1,752	\$1,201	\$924	\$1,583	\$11,0
8a. Raw Food	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8b. Contractual	\$0	\$0	\$0	\$31,373	\$25,668	\$18,000	\$0	\$75,0
. GROSS COST	\$21,020	\$89,415	\$19,268	\$68,482	\$47,920	\$38,758	\$18,787	\$303,6
ON-MATCHING				ļ				
10. Other Funding	\$85	\$914	\$0	\$0	\$0	\$0	\$0	\$9
11a. Title XX/Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
11b. NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
12a. Income Cont./Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2b. TOTAL NON-MATCH	\$85	\$914	\$0	\$0	\$0	\$0	\$0	\$9
B. ACTUAL COST	\$20,935	\$88,501	\$19,268	\$68,482	\$47,920	\$38,758	\$18,787	\$302,6
ATCH	4	4	4		4	4	4	4
14a. Local Public (Cash)	\$11,052	\$33,411	\$1,851	\$23,942	\$12,597	\$14,774	\$8,574	\$106,2
14b. Local Public (In-Kind)	\$370	\$1,911	\$60	\$234	\$158	\$140	\$0	\$2,8
15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
15b. Local Other-Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$255	\$2
5a. TOTAL LOCAL MATCH	\$11,422	\$35,322	\$1,911	\$24,176	\$12,755	\$14,914	\$8,829	\$109,3
16b. Cost Less Match	\$9,513	\$53,179	\$17,357	\$44,306	\$35,165	\$23,844	\$9,958	
JNDING	400.	4	4.00	40 = 10	40.0=.	4. 0.0	44.0==	4
17a. CASA	\$824	\$4,223	\$186	\$3,719	\$2,371	\$1,816	\$1,057	\$14,1
17b. CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A
18a. Reservation	\$8,689	\$48,956	\$17,171	\$40,587	\$32,794	\$22,028	\$8,901	\$179,1
18b. Special Award	\$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0 \$0	
18c. Care Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	4400.0
Bd TOTAL SUA COST	\$9,513	\$53,179	\$17,357	\$44,306	\$35,165	\$23,844	\$9,958	\$193,3
IAmount of Federal Funds Lines 18a.	1	1			1	1		
& 18b.expended for services to								
9 grandparents & relative caregivers								
January Chicago								
				2 000 00	759.00	35.00	T T	
Drojected Units	240.00							
Projected Units	248.00	14,637.00	285.00	2,000.00			#DIV (/ O.I	
Projected Units Gross Cost Per Unit (9) Match Per Unit (16b)	\$ 84.76 \$ 46.06	, , , , , , , , , , , , , , , , , , , ,	\$ 67.61 \$ 6.71	\$ 34.24	\$ 63.14 \$ 16.81	\$ 1,107.37 \$ 426.11	#DIV/0! #DIV/0!	

FY 2017 BUDGET - CASA Only

[Taxonomy #, Service, Unit Measure]	6. Care Management - CASA (1 hour)	ADRC	Area Plan Admin	TOTAL
COST CATEGORIES				
Personnel	\$440,664	\$63,509		\$504,173
2. Travel	\$11,628	\$928		\$12,556
3. Print & Supp.	\$800	\$619		\$1,419
4. Equipment	\$0	\$0		\$0
Build Space	\$8,860	\$1,168		\$10,028
6. Comm. & Utilit.	\$8,114	\$348		\$8,462
7. Other	\$6,994	\$530		\$7,524
8a. Raw Food	\$0			\$0
8b. Contractual	\$0	\$134,202		\$134,202
9. GROSS COST	\$477,060	\$201,304	\$0	\$678,364
NON-MATCHING				
Other Funding	\$0	\$0		\$0
11a. Title XX/Medicaid	\$0	\$0		\$0
11b. NSIP	\$0	\$0		\$0
12a. Income Cont./Fees	\$2,000	\$0		\$2,000
12b. TOTAL NON-MATCH	\$2,000	\$0	\$0	\$2,000
13. ACTUAL COST	\$475,060	\$201,304	\$0	\$676,364
матсн				
14a. Local Public (Cash)	\$0	\$0		\$0
14b. Local Public (In-Kind)	\$0	\$0		\$0
15a. Local Other (In-Kind)	\$0	\$0		\$0
15b. Local Other-Cash	\$0	\$0		\$0
16a. TOTAL LOCAL MATCH	\$0	\$0	\$0	\$0
16b. Cost Less Match	\$475,060	\$201,304	\$0	\$676,364
FUNDING				
17a. CASA	\$94,000	\$0		\$94,000
17b. CASA (Used as Match)	\$0	\$0		\$0
18a. SUA Grants	\$0	\$201,304		\$201,304
18b. Special Award	\$0	\$0		\$0
18c. Care Management	\$381,060	\$0		\$381,060
18d TOTAL SUA COST	\$475,060	\$201,304	\$0	\$676,364

Sen. Comp. units are reported under volunteerism/stipend in NAMIS

		Volunteerisin/sti	pena in Nations
Projected Units	8,798.00	-	-
Gross Cost Per Unit (9)	\$ 54.22	#DIV/0!	#DIV/0!
Match Per Unit (16b)	\$ -	#DIV/0!	#DIV/0!
Total SUA Per Unit (18d)	\$ 54.00	#DIV/0!	#DIV/0!

BUDGET - Title VII Ombudsman								
	Elder Abuse	TOTAL						
COST CATEGORIES								
1. Personnel	\$0	\$0						
2. Travel	\$0	\$0						
3. Print & Supp.	\$950	\$950						
4. Equipment	\$0	\$0						
5. Build Space	\$1,638	\$1,638						
6. Comm. & Utilit.	\$283	\$283						
7. Other	\$4,050	\$4,050						
8a. Raw Food	\$0	\$0						
8b. Contractual	\$0	\$0						
9. GROSS COST	\$6,921	\$6,921						
NON-MATCHING								
10. Other Funding	\$0	\$0						
11a. Title XX/Medicaid	\$0	\$0						
11b. NSIP	\$0	\$0						
12a. Income Cont./Fees	\$0	\$0						
12b. TOTAL NON-MATCH	\$0	\$0						
13. ACTUAL COST	\$6,921	\$6,921						
МАТСН								
14a. Local Public (Cash)	\$0	\$0						
14b. Local Public (In-Kind)	\$1,921	\$1,921						
15. Local Other (In-Kind)	\$0	\$0						
15a. Local Other-Cash	\$0	\$0						
16a. TOTAL LOCAL MATCH	\$1,921	\$1,921						
16b. Cost Less Match	\$5,000	\$5,000						
FUNDING								
17a. CASA	\$0	\$0						
17b. CASA (Used as Match)	\$0	\$0						
18a. Reservation	\$5,000	\$5,000						
18b. Special Award	\$0	\$0						
18c. Care Management	\$0	\$0						
18d TOTAL SUA COST	\$5,000	\$5,000						

Projected Units	-
Gross Cost Per Unit (9)	#DIV/0!
Match Per Unit (16b)	#DIV/0!
Total SUA Per Unit (18d)	#DIV/0!

		Foster	Congregate				
	Rural Transit	Grandparent	Housing Services	Harvest I	Harvest II	SentryCare/ERS	TOTAL
		Program	Program			-	
COST CATEGORIES							
Personnel	\$75,045	\$117,682	\$209,052	\$66,499	\$76,614	\$90,700	\$635,59
2. Travel	\$8,900	\$11,619	\$0	\$1,944	\$2,200	\$4,600	\$29,26
Print & Supp.	\$25	\$1,000	\$2,052	\$210	\$290	\$2,750	\$6,32
4. Equipment	\$0	\$0	\$0	\$0	\$0	\$10,800	\$10,80
5. Build Space	\$1,660	\$1,614	\$0	\$1,956	\$2,235	\$8,000	\$15,46
6. Comm. & Utilit.	\$750	\$1,000	\$0	\$800	\$468	\$400	\$3,41
7. Other	\$11,425	\$5,600	\$0	\$696	\$696	\$8,135	\$26,55
8a. Raw Food	\$0	\$0	\$43,921	\$0	\$0	\$0	\$43,92
8b. Contractual	\$0	\$0	\$103,325	\$0	\$0	\$80,000	\$183,32
9. GROSS COST	\$97,805	\$138,515	\$358,350	\$72,105	\$82,503	\$205,385	\$954,66
NON-MATCHING							
Other Funding	\$72,108	\$138,515	\$315,436	\$72,105	\$82,503	\$3,000	\$683,66
11a. Title XX/Medicaid	\$0	\$0	\$0	\$0	\$0	\$35,000	\$35,00
11b. NSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$
12a. Income Cont./Fees	\$9,000	\$0	\$42,914	\$0	\$0	\$167,385	\$219,29
12b. TOTAL NON-MATCH	\$81,108	\$138,515	\$358,350	\$72,105	\$82,503	\$205,385	\$937,96
13. ACTUAL COST	\$16,697	\$0	\$0	\$0	\$0	\$0	\$16,69
МАТСН							
14a. Local Public (Cash)	\$16,697	\$0	\$0	\$0	\$0	\$0	\$16,69
14b. Local Public (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0	\$
15a. Local Other (In-Kind)	\$0	\$0	\$0	\$0	\$0	\$0	\$
15b. Local Other-Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$
16a. TOTAL LOCAL MATCH	\$16,697	\$0	\$0	\$0	\$0	\$0	\$16,69
16b. Cost Less Match	\$0	\$0	\$0	\$0	\$0	\$0	\$
UNDING							
17a. CASA	\$0	\$0	\$0	\$0	\$0	\$0	\$
17b. CASA (Used as Match)	\$0	\$0	\$0	\$0	\$0	\$0	\$
18a. Reservation	\$0	\$0	\$0	\$0	\$0	\$0	\$
18b. Special Award	\$0	\$0	\$0	\$0	\$0	\$0	\$
18c. Care Management	\$0	\$0	\$0	\$0	\$0	\$0	\$
18d TOTAL SUA COST	\$0	\$0	\$0	\$0	\$0	\$0	\$

Projected Units	-	32,000.00	-	-	-	6,300.00
Gross Cost Per Unit (9)	#DIV/0!	\$ 4.33	#DIV/0!	#DIV/0!	#DIV/0!	\$ 32.60
Match Per Unit (16b)	#DIV/0!	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	\$ -
Total SUA Per Unit (18d)	#DIV/0!	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	\$ -

FY 2017 AREA PLAN ADMINISTRATION NARRATIVE

\$60,215	III-B Budgeted Amount
\$70,047	III-C(1) Budgeted Amount
\$16,684	III-C(2) Budgeted Amount
\$9,958	III-E Budgeted Amount

Description of area plan administration:
The administrative functions of Aging Partners are budgeted in this category including staff and some data processing costs. Activities
include, but are not limited to: Program Administration that includes personnel management, oversight of finance, performance
management, community outreach, government relations with City and County boards, priority setting, assessments of consumer needs,
seeking diversified funding sources, plan development, plan reporting, project administration, oversight to contracting and risk
management and staff planning.

AREA AGENCY ON AGING COST ITEMIZATION

Equipment*/Capital Expenditures** - Provide Cost Itemization of items costing \$5,000 or more.

	ns the net invoice price of e necessary to	make it usable for th	e purpose of which it	is acquired.	
Not applicable.					
	** Capital expenditures	s includes data proces	ssing, purchase, renov	ation or construction.	
Not applicable					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					
Not applicable.					

SECTION E

Centers

AAA	County	City	Center Name	Address	Zip	Phone	Days / Hours Site Manager/Center Director	E-Mail	Congre gate Meals	Home Delivere d Meals	Bilingua I staff?	Other Services Provided
Aging Partners	Butler	David City	Butler Co. Senior Services/ David City Senior Center	592 D Street	68632	(402) 367-6131	M-F 8:00-4:00 Diana McDonald, County Program Manager	DMcDonald@lincoln.ne.gov	Yes	Yes	No	Health Promotion/Disease Prevention, Transportation Outreach, Health Education, Nutrition Education, Health Clinic, Financial Counseling, Durable Medical Equipment, Supportive Services, Caregiver Information Services, Caregiver Access Assistance, Information and Assistance
Aging Partners	Fillmore	Exeter	Exeter Senior Center	217 S Exeter Avenue	68351	(402) 266-2133	M, T, W & F 9:00- 4:00 Th 9:00-Noon Lunch only Tuesday Brenda Motis, County Program Manager		Yes	Yes	No	Supportive services, Nutrition Education,Info and Assistance, Outreach, Caregiver Access, Health Education, Health Clinic
Aging Partners	Fillmore	Fairmont	Fairmont Senior Center	519 Fairmont Ave.	68354	(402) 268-2831	M-F 8:00-3:00 Brenda Motis, County Program Manager, Connie Jo Felton	fairmontseniorcenter@windstream.net	Yes	Yes	No	Supportive services, Nutrition Education,Info and Assistance, Outreach, Caregiver Access, Health Education, Health Clinic, Health Promotion
Aging Partners	Fillmore	Geneva	Geneva Senior Center	1120 F Street	68361	(402) 759-4921	M-F 8:00-4:00 Brenda Motis, County Program Manager, Kelly Stroh	gensrcntr@gmail.com	Yes	Yes	No	Supportive services, Nutrition Education,Info and Assistance, Outreach, Caregiver Access, Health Education, Health Clinic, Health Promotion
Aging Partners	Lancaster	Lincoln	Asian Senior Center	2635 O Street	68510	(402) 477-3446	Th 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Linh Bui	<u>lbui@lincoln.ne.gov</u>	No	No	Yes	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Lincoln	Belmont Senior Center	1234 Judson St.	68521	(402) 441-7990	M, T, & Th 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Pam Lander	plander@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Bennet	Bennet Senior Center/ American Legion Hall	970 Monroe	69317	Mngr's Cell & Tues Meal Resrvations. (402) 416-7693 Thursday (402) 782- 6780	T & Th 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Paula Chamberlain	pchamberlain@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Firth	Firth Senior Center	311 Nemaha Blvd.	68538	Meal Reservations: (402) 791-2130 Mgrs. Cell: (402) 416-7693	M 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Paula Chamberlain	pchamberlain@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Hickman	Hickman Senior Center	300 E 3rd Street	68372	Meal Reservations: (402) 792-2006 Mgrs. Cell: (402) 416-7693	W 9:00-1:00, Bob Esquivel, Lancaster County Program Manager, Paula Chamberlain	pchamberlain@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Lincoln	JoAnn Maxey Senior Center	2032 U Street	68503	(402) 441-7849	W & F 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Pam Lander	plander@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Lincoln	Lake Street Senior Center	2400 S 11th Street	68502	(402) 441-7157	M-F 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Kelle Brandt	kbrandt@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Lincoln	Lincoln Downtown Senior Center	1005 O Street	68508	(402) 441-7154	M-F 8:00-2:00 Bob Esquivel, Lancaster County Program Manager, Denise Howe	dhowe@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation, Financial Counseling

AAA	County	City	Center Name	Address	Zip	Phone	Days / Hours Site Manager/Center Director	E-Mail	Congre gate Meals	Home Delivere d Meals	Bilingua I staff?	Other Services Provided
Aging Partners	Lancaster	Lincoln	Lincoln Northeast Senior Center	6310 Platte Ave.	68507	(402) 441-7151	M-F 8:00-3:00 Bob Esquivel, Lancaster County Program Manager, David Chapelle	dchapelle@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Lancaster	Waverly	Waverly Senior Center	14410 Folkstone	68462	Mgrs. Cell: (402) 416-7693 Meal Reservations: (402) 786-2299	F 9:00-1:00 Bob Esquivel, Lancaster County Program Manager, Paula Chamberlain	pchamberlain@lincoln.ne.gov	No	No	No	Nutrition Education, Information and Assistance, Outreach, Health Education, Health Clinic, Volunteerism, Supportive Services, Caregiver Information, Caregiver Access, Assisted Transportation
Aging Partners	Polk	Osceola	Osceola Senior Center	340 N State	68651	(402) 747-8227	M-F 9:00-3:00 Jan Noyd, County Program Manager, Cathy Peil		Yes	Yes	No	Transportation. Information and assistance. Outreach. Health Education. Health Clinic. Health Promotion/Disease prevention. Supportive Services. III-E Information Services. III-E Access Assistance.
Aging Partners	Polk	Polk	Polk Senior Center	230 N Main Street	68654	(402) 765-2311	M-F 9:00-3:00 Jan Noyd, County Program Manager, Marie Brown		Yes	Yes	No	Information and assistance. Outreach. Health Education. Health Clinic. Health Promotion/Disease prevention. Supportive Services. III-E Information Services. III-E Access Assistance.
Aging Partners	Polk	Shelby	Shelby Senior Center	230 N Main St.	68662	(402) 527-5158	M-F 9:00-3:00 Jan Noyd, County Program Manager, Avis Rathje		Yes	yes	No	Information and assistance. Outreach. Health Education. Health Clinic. Health Promotion/Disease prevention. Supportive Services. III-E Information Services. III-E Access Assistance.
Aging Partners	Polk	Stromsburg	Stromsburg Senior Center	118 E 3rd Street	68666	(402) 764-8227	M-F 8:30-4:30 Jan Noyd, County Program Manager, Wilma Burke		Yes	Yes	No	Transportation and assisted transportation. Information and assistance. Outreach. Health Education. Health Clinic. Health Promotion/Disease prevention. Supportive Services. III-E Information Services. III-E Access Assistance.
Aging Partners	Saline	DeWitt	DeWitt Senior Center	202 E Fillmore Ave.	68341	(402) 683-4326	W 9:00-3:00 Bev Plihal	dewittsc@diodecom.net	yes	yes	No	Congregate Meals, Home delivered Meals, Nutrition Education, Health Promotion/Disease Prevention, Health clinics, Information & Referral, Caregiver Access, Outreach, Health Education.
Aging Partners	Seward	Milford	Milford Senior Center	105 B Street	68405	(402) 761-3367	M-F 9:30-3:00 Kathy Ruzicka, County Program Manager, Nancy Buchli	milfordseniorcenter@outlook.com	Yes	No	No	Transportation, Information & Assistance, Nutrition Education, Outreach, Health Education, Caregiver Information, Caregiver Acces, Health Clinic.
Aging Partners	Seward	Seward	Seward LIED Senior Center	1010 Manor Dr. West	68434	(402)643-4466	M-F 9:30-3:00 Kathy Ruzicka, County Program Manager, Katrina Goldsmith	4goldsmith@gmail.com	Yes	No	No	Transportation, Information & Assistance, Nutrition Education, Outreach, Health Education, Caregiver Information, Caregiver Acces, Health Clinic.
Aging Partners	Seward	Utica	Utica Senior Center	520 D Street	68456	(402) 534-3435	W & F 9:30-3:30 Kathy Ruzicka, County Program Manager, Joyce Schriner	jschriner@windstream.net	Yes	Yes	No	Transportation, Information & Assistance, Nutrition Education, Outreach, Health Education, Caregiver Information, Caregiver Acces, Health Clinic.
Aging Partners	York	McCool Junction	McCool Junction Senior Diners c/o Village Hall	323 East M Street	68401	(402) 724-2525	W & F 11:00-1:30 Lori Byers, York County Program Manager		Yes	Yes	No	Nutrition Education, Information and Assistance, IIIE Access, Home Delivered Meals, Outreach
Aging Partners	York	York	York Leisure Home	215 N Lincoln Ave	68467	(402) 362-2900	T & Th 11:30-1:00 Janet Hines		Yes	No	no	Health Education, Nutrition Education, Information and Assistance, IIIE Access, Outreach
Aging Partners	York	York	York Area Senior Center	725 Nebraska Ave.	68467	(402) 362-2496	M-F 9:00-4:00 Janet Hines, Meals Rose Suddarth, Center		Yes	No	No	Nutrition Education, Information and Assistance, Outreach, Financial Counseling, Farmers Market Coupons, Assisted Transportation, Transportation, Health Education, Health Clinic IIIE Access, IIIE Counseling, IIIE Information

SECTION F

Disaster Plans



Business Continuity and Disaster Preparedness Plan

	If this location is not accessible we will operate
☑ PLAN TO STAY IN BUSINESS	from location below:
Aging Partners Downtown Senior Center	Lake Street Senior Center
Business Name	Business Name
1005 "O" Street	2400 South 11th Street
Address	Address
Lincoln, NE 68506	Lincoln, NE 68502
City, State, Zip Code	City, State, Zip Code
402-441-6135	402-441-7157
Telephone Number	Telephone Number
The following person is our primary crisis manager	
and will serve as the company spokesperson in an	If the person is unable to manage the crisis, the
emergency.	person below will succeed in management:
Randall Jones	Dave Norris
Primary Emergency Contact	Secondary Emergency Contact
402-441-6132	402-441-6156
Telephone Number	Telephone Number
402-326-0421	402-326-9233
Alternative Number	Alternative Number
RSJones@lincoln.ne.gov	dnorris@lincoln.ne.gov
E-mail	E-mail
EMERGENCY CONTACT INFORMATION	
Dial 9-1-1 in an Emergency	
402-441-6000	
Non-Emergency Police/Fire	
Self Insured	
Insurance Provider	



Business Continuity and Disaster Preparedness Plan (cont'd)

1	PLAN TO STAY IN BUS	SINESS			
	The following natural and m	nan-made disasters could impact our bus	siness:		
	o Fire				
	o Tornado				
	o Water				
	o Toxic spills				
V	EMERGENCY PLANNII	NG TEAM			
	The following people will p	articipate in emergency planning and cri	isis management.		
	o Randall Jones, Dave No	orris, Denise Boyd, Jeremy Hoshor			
	o Martha Hakenkamp, De				
	o Denise Howe,				
	0				
1	WE PLAN TO COORDI	NATE WITH OTHERS			
	The following people from r	neighboring businesses and our building	management will participate on our		
	emergency planning team.				
	- Lincoln Duilding				
	o Gold Galleria				
	o Property Management				
	0				
	0				
	OUR CRITICAL OPERA	TIONS			
			rocedures we need to recover from a disaster.		
	The following is a prioritized	nst of our critical operations, stair and pr	roccurres we need to recover from a disaster.		
	Operation	Staff in Charge	Action Plan		
	Meal Service	Denise Boyd	Food is prepared and served		
	Technology Access	Jeremy Hoshor	Phones and computers are transfered		
	Transportation	Mitch Sump	Participants are transported		
	Building Clean Up	Bob Esquivel	Contact Property Management		
			. , ,		



Business Continuity and Disaster Preparedness Plan (cont'd)

☑ SUPPLIERS AND CONTRACTORS

Company Name: Hy-Vee		
Street Address: 5010 O Street		
City: Lincoln	State: NE	Zip Code: <u>6</u> 8510
Phone: 402-483-7707	Fax: 402-483-7796	E-mail:
Contact Name: Tom Vifquain	Account Number:	
Materials / Service Provided: Fo	od and paper goods	
Materials / Service Frovided.	ou una papor goodo	
If this company experiences a di	saster, we will obtain suppl	ies/materials from the following:
		<i>5</i>
Company Name: Hy-Vee		
Street Address: 7151 Stacy La		
City: Lincoln	State: NE	Zip Code: 68516
Phone: 402-489-4244		E-mail:
Contact Name: Tim Hagener		Account Number:
Materials / Service Provided: Fo	od and paper goods	
If this company experiences a dis	actor we will obtain cumpli	as/matarials from the following.
if this company experiences a dis	aster, we will obtain supplie	es/materials from the following:
Company Name: Hy-Vee		
	rivo	
Street Address: 6001 Village D		T: 0 1 00510
City: Lincoln		Zip Code: <u>68516</u>
		E-mail:
Contact Name: Christine Walke		Account Number:
Materials / Service Provided: Foo	od and paper goods	



Business Continuity and Disaster Preparedness Plan (cont'd)

☑ EVACUATION PLAN FOR 1005 "O" Street	LOCATION
(Insert Address)	
The following natural and man-made disasters could impact our business:	
We have developed these plans in collaboration with neighboring businesses confusion or gridlock	s and building owners to avoid
We have located, copied and posted building and site maps.	
Exits are clearly marked.	
If we must leave the workplace quickly:	
All staff and participants will exit the building using the back door, the fr leads to the sidewalk on "O" Street.	ont door or the cat walk which
1. Warning System: Fire Alarm	
We will test the warning system and record results 2 times a year.	
2. Assembly Site: Golds Galleria	
3. Assembly Site Manager & Alternate: Bob Esquivel, Randall Jones	
a. Responsibilities Include:	
Accounting for staff and participants	
Providing first aid	
Liaison with emergency personnel	
4. Shut Down Manager & Alternate: Property Management and Emergency	y Captains
a. Responsibilities Include:	
Ensure everyone has left the building and all doors are closed ar	nd unlocked
Turn off gas	
5. Randall Jones is responsible for issuing all clear.	



Business Continuity and Disaster Preparedness Plan (cont'd)

SHELIER IN PLACE PLAN FOR 1005 "O" Street LOCATION	
(Insert Address)	
The following natural and man-made disasters could impact our business:	
We have talked to co-workers about which emergency supplies, if any, the company will provide in the	e
shelter location and which supplies individuals might consider keeping in a portable kit personalized f	or
individual needs. • We have located, copied and posted building and site maps.	
We will practice shelter procedures 2 times a year.	
If we must take shelter quickly:	
Everyone will be directed to the tornado shelter area which is the lower level of the building and	t
clearly marked with universal signs.	
1. Warning System: Weather radios	
We will test the warning system and record results 12 times a year.	
2 St. Sluku I voti - Lauran laval aanfaranaa naan	
2. Storm Shelter Location: Lower level conference room	
3. "Seal the Room" Shelter Location: Lower level conference room	
4. Shelter Location & Alternate: Hall way in lower level	
a. Responsibilities Include:	
Listening to weather radio	
Providing first aid	
5. Shut Down Manager & Alternate: Property Management and Emergency Captians	
a. Responsibilities Include:	
Ensuring no one is stranded outside the safe area	
Unlocking the shelter room	
6. National Weather Service is responsible for issuing all clear.	



Business Continuity and Disaster Preparedness Plan (cont'd)

V	COMMUNICATIONS
	We will communicate our emergency plans with co-workers in the following way: Written instructions are provided to all staff member and reviewed with participants. Drills will be held twice a year.
	In the event of a disaster we will communicate with employees in the following way: Phone call and email.
7	CYBER SECURITY
	To protect our computer hardware, we will: This is backed up by the City.
	To protect our computer software, we will: This is backed up by the City.
	If our computers are destroyed, we will use back-up computers at the following location: Lake Street Senior Center, Northeast Senior Center.
7	RECORDS BACK-UP
	City Information Services is responsible for backing up our critical records including payroll and accounting systems.
	Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite 233 South 10 and City County Bldg.
	Another set of back-up records is stored at the following off-site location:
	If our accounting and payroll records are destroyed, we will provide for continuity in the following ways: These are stored on the City Server and systems are in place to back these up



Business Continuity and Disaster Preparedness Plan (cont'd)

V	EMPLOYEE EMERGENCY	CONTACT INFORMATION						
	The following is a list of our co-workers and their individual emergency contact information:							
	Randall Jones 402-423-5373	Denise Boyd 402-423-2670						
	David Norris	Mitch Sump 402-474-9578		_				
	Denise Howe 402-418-2222	MarthaHakenkamp 402-791-2336	-					
	Bob Esquivel 402-466-0597	Jeremy Hoshor 402-890-7328		_				
	Deb Peck 402-489-3759		2	_				
✓	ANNUAL REVIEW							
		siness continuity and disaster plan in Mar	ch 2017					
	Additional Notes:		-	1				

EMERGENCY "FIRST RESPONSE" PLAN LANCASTER COUNTY: Revised 2/16/16

Initial Staff Notifications and Meeting Arrangements with <u>Aging Partners Senior Management Team.</u>

Aging Partners Director (Randy Jones) is notified by, or confers with, the City/County Emergency Operations Center and the State Division on Aging after an emergency situation. If it is determined that a disaster response is necessary, the AP Director (Randy Jones) initiates the Calling Tree to organize the first meeting of the Senior Management Team and other essential staff, (Martha Hakenkamp, Dave Norris, Deb Peck, Jennifer Hartman, Joyce Kubicek, Sandy Lutz, Denise Boyd, Jeremy Hoshor and Donna Barrett). The Emergency Response Calling Tree is included in this packet. The first meeting is held as soon as reasonably possible following the disaster.

If the AP Director (Randy Jones) is unavailable, Martha Hakenkamp, Program Manager, will be responsible for beginning the Calling Tree. If both the AP Director (Randy Jones) and Martha Hakenkamp, Program Manager, are unavailable, Dave Norris, Public Relations Specialist, will be responsible. The succession will continue with the responsibility falling next to the Community Activities and Services Division Administrator Deb Peck, Administrative Officer, Jennifer Hartman, and IT Specialist Jeremy Hoshor.

The meeting is held at the AP's headquarters at 1005 O Street unless the building has been damaged or is otherwise inaccessible. If needed, the AP Director (Randy Jones) will confirm that the alternate site is operational and reserve the necessary rooms. The AP alternate site is the Nebraska Educational Telecommunications (NET) offices located at 1800 North 33rd Street in Lincoln. The emergency numbers for NET are listed on the Emergency Response Call Sheet - Lancaster County, included in this packet.

The initial organizational meeting is held to organize the AP headquarters and its initial response. Responsibilities for communicating with the rest of the AP staff are assigned, preferably by the voicemail system, or if voicemail is unavailable, by a public announcement. AP staff notification, if so needed, will broadcast on radio stations KLIN (1400 AM) and KFOR (1240 AM). Staff will be informed when and where to report for the emergency response.

Organizing Emergency Response

The Program Manager, Martha Hakenkamp generates a list of frail elderly persons living in the affected area that need to be contacted. As a backup procedure, one copy of the frail elderly list will be printed and retained each calendar quarter and distributed to the PFS Office Manager (Vicky Piersol) and one copy to APN Program Assistant. If access to the database is not possible, the most recently printed quarterly list will be used.

The AP Director (Randy Jones) relays updated information from the Emergency Operations Center to the Senior Management Team (Martha Hakenkamp, Dave Norris, Deb Peck, Denise Boyd, Jennifer Hartman, Joyce Kubicek, Sandy Lutz, Jeremy Hoshor, and Donna Barrett.) Updates include information on shelters, available transportation, communication lines, power outages, etc. The Division Administrators, in turn, relay the information to their staff members.

Opening the PFS Office as the Emergency Response Center

The Personal & Family Services supervisors, with the assistance of the PFS Office Manager (Vicky Piersol) and/or Aging Partners Center Manager (Bob Esquivel) and appropriate PFS clerical staff, open the PFS Office as the Emergency Response Center, if possible. If the current PFS Office is unavailable, the staff works to open an Emergency Response Center at the alternate site. The PFS Office Manager (Vicky Piersol) checks the status of phone, heating, water, electrical and computer systems. The PFS Office Manager (Vicky Piersol) reports any problems to the appropriate organization (Lincoln Building & Safety, Property Management, Lincoln Electric System, or Information Services.)

The PFS Office Manager (Vicky Piersol) and other appropriate staff will set up processing trays and take voicemail messages. The Public Relations Specialist (Dave Norris) will change the message on PFS's main telephone, providing callers with current information and instructions.

The Personal & Family Services and the PFS office manager (Vicky Piersol) will organize, as soon as possible, a meeting of the AP staff and any others involved with contacting the identified frail elderly and providing needed assistance. Copies of the frail elderly list are distributed. Responsibilities for returning phone calls, contacting frail elderly persons and appropriate follow-up are assigned. Forms for tracking client needs are distributed and explained. Specialized Coordinators (Joyce Kubicek, Mitch Sump, Jean Holt, and Sandy Lutz.) positions are confirmed and clarified. The Administrative Officer (Jennifer Hartman) distributes and explains the forms to track AP expenditures for the emergency response to appropriate staff.

The Program Manager (Martha Hakenkamp) holds additional sessions with staff and/or volunteers as needed to explain the appropriate procedures for follow-up and how to use the tracking forms, etc.

Actual Emergency Response Activities Begin

The support staff assigned to the Emergency Response Center begins conducting computer look-ups, if possible, pulling files and organizing call-backs by other staff/volunteers.

Specialized Coordinators (Joyce Kubicek, Sandy Lutz, Mitch Sump, and Jean Holt, and begin making predetermined calls to key agency contacts to determine the status of their response and how to coordinate the efforts of agencies serving the elderly.

The Public Information Specialist (Dave Norris) works with the AP Director to develop the first press release to inform the public about AP's role in the community emergency response.

The individuals who place the calls to the elderly are responsible for documenting the needs of the disaster victims. They work with the PFS Counselors and Specialized Coordinators (Joyce Kubicek, Sandy Lutz, Mitch Sump, and Jean Holt to arrange needed services.

Additional meetings with the senior management staff and the AP Director (Randy Jones) are held to address any problems and to relay updated information from the City/County Emergency Operations Center and other organizations. Information from these meeting is to be relayed to the staff involved in the direct services for the emergency response. Scheduling of staff for extended hours of operation is arranged.

EMERGENCY RESPONSE STAFF POSITIONS

Emergency Response Leadership

Director, Randall Jones - Emergency Response Director

Should Randall Jones be unavailable, the order of succession to fulfill the responsibilities of

Emergency Response Director is as follows:

Administrative Management Team

Martha Hakenkamp - Program Manager

Dave Norris – Public Relations Specialist

Deb Peck - Community Activities & Services Division Administrator

Denise Boyd - Area Planning & Nutrition

Joyce Kubicek - Personal & Family Services

Sandy Lutz - Medicaid Waiver

Jennifer Hartman - Administrative Officer

Jeremy Hoshor - IT Program Manager

Donna Barrett - Executive Assistant to the Director

Data Processing

Area Planning & Nutrition Services Program Assistant

Vacant - Data Processing Coordinator

Area Planning & Nutrition Services Office Assistant

Peggy Tillman - Data Processing Coordinator Backup

Training

Program Manager

Martha Hakenkamp - Trainer

Jeremy Hoshor / IT Planning and Training

Colby Hoshor / Backup Trainer

Media

Public Relations Specialist

Dave Norris - Media Liaison

Volunteer & Special Events Coordinator

Deb Peck - Media Liaison Backup

Support Staff

PFS Office Manager

Vicky Piersol - Support Staff Supervisor

ActivAge Centers Manager

Bob Esquivel - Support Staff Supervisor

PFS Senior Office Assistant

Judy Keiser - Support Staff Supervisor Backup

Areawide Nutrition and County Program Assistant

Vacant - Support Staff Supervisor Backup

Forms, Systems and Reference Development

Program Manager

Martha Hakenkamp - Forms, Systems & References Developer

Accountant

Jennifer Hartman - Forms, Systems & References Developer

Fiscal Accounting

Accountant

Jennifer Hartman - Administrative Officer

Accounting Assistant

Nancy Niemann - Accounting Supervisor

Specialized Coordinators

PFS Counselor, Supervisor

Joyce Kubicek - Shelter Coordinator

Barb Straus - Shelter Coordinator Backup

Handyman Program Manager

Mitch Sump - Transportation Coordinator

Vacant – ERS Coordinator Backup

PFS Counselor

Jean Holt - Food Coordinator

Sandy Lutz - Food Coordinator Backup

PFS Counselor, Supervisor

Sandy Lutz? - Disaster Benefits Coordinator

Gladys Cooper as Disaster Benefits Coordinator 1st Backup

Sue Kramer as Disaster Benefits Coordinator 2nd Backup

PFS Counselor, Multi-County Supervisor

Joyce Kubicek - Outreach and Assessment Coordinator

Sandy Lutz - Outreach and Assessment Coordinator Backup

Emergency Response Job Responsibilities

Emergency Response Director - Randy Jones / Director

1.Be familiar with the county disaster plans in the planning and service area (PSA) and the appropriate contact people in each county.

- Maintain copies of all relevant disaster plans at her workplace and residence.
- 3. Coordinate with appropriate officials in the event of a disaster in the PSA.
- 4. Initiate the AP *Calling Tree* in an event of a disaster and coordinate the first meeting of the AP Senior Management Team and disaster staff to determine the appropriate course of action.
- 5. Determine if AP's Downtown Office is accessible to operate as the Emergency Response Center. If not, open a center at the designated alternate site or at another location, if necessary.
- 6. Communicate activities of local city and county emergency agencies to the staff.
- 7. Supervise AP's emergency response through daily meetings with Senior Management Team and disaster staff.

<u>Emergency Response Assistants</u> - Martha Hakenkamp, Dave Norris, Deb Peck, Denise Boyd, Joyce Kubicek, Sandy Lutz, Jennifer Hartman, Jeremy Hoshor, Donna Barrett

- 1. Be familiar with the county disaster plans in the planning and service area (PSA) and the appropriate contact people in each county.
- 2. Maintain copies of all relevant disaster plans at their workplace and residence.
- 3. Assist the Emergency Response Director (Randy Jones) with responsibilities of acting as a liaison to city and county officials and to the AP staff.
- 4. Assist the Emergency Response Director (Randy Jones) with supervision of AP's emergency response effort.
- 5. Supervise the accounting of AP's expenditures in responding to the emergency.

<u>Data Processing / System Maintenance</u> – Martha Hakenkamp, Vicky Piersol, Vacant (Areawide Program Assistant), Peggy Tillman, Jeremy Hoshor, and Colby Hoshor

- 1. Maintain a system (SAMS) to track frail elderly individuals served by AP, created quarterly by Vicky Piersol (Lancaster) and Vacant (Areawide Program Assistant). Update and retain a hard copy list of frail and elderly (query based on age, ADLs, PERS users, etc.) on a quarterly basis beginning January 1 of each year. One hard copy is to be kept in the PFS Office under the supervision of the PFS Office Manager Vicky Piersol and another copy is to be filed with Joyce Kubicek and Sandy Lutz.
- 2. In the event of an emergency, check on the status of the computers in the AP office.
- 3. Assist, as needed, IT staff (Jeremy Hoshor and Colby Hoshor) in maintaining the computer systems and data needed to track clients during the crisis.

Media Liaison – Dave Norris

- 1. Arrange for announcements of AP and secure contact numbers on local television and radio stations as soon as possible during the emergency situation and for as long as necessary.
- 2. Coordinate with the Emergency Response Director (Randy Jones) to represent AP's disaster response to the media in a consistent manner with prepared statements.
- 3. Prepare press releases to inform the public of assistance during the disaster and of any ongoing services AP may offer after the initial phase of the emergency. Appropriate human interest stories that highlight the situation of older adults should also be offered to the local press.

<u>Staff Supervisors</u> - Vicky Piersol, Bob Esquivel, and Vacant (Areawide Program Assistant)

- 1. Open the designated Emergency Response Center. It will be on third floor at AP headquarters unless it is inaccessible and the alternate site must be used. The AP DTSC Center Manager (Bob Esquivel) has keys to the downtown offices. Access to the alternate site is through phone contact. See Emergency Response Call Sheet Lancaster County included in this packet.
- 2. Check status of phones, heating, electrical and computer systems. Inform City of Lincoln Property Management (1-7355), Building & Safety (1-7521) or both of any problems and arrange for repairs or use of backup systems and other appropriate utility companies and city departments. Another AP office, outside computer systems and/or cellular phones may be necessary.
- 3. Contact all appropriate support staff who will be needed to answer phones, and let them know where they should report.
- 4. If operating from an alternate site, setup processing trays (manual system) to manage incoming calls and returned calls. Calls will need to be entered into our database system(s) at a later date.
- 5. Listen to messages on the voicemail, conduct look-ups, pull files and organize call-backs.
- 6. Produce a copy of the frail elderly list from Data Processing Coordinators (Vicky Piersol and Vacant Areawide Program Assistant) or, if unavailable, refer to the most current hard copy. Organize staff and volunteers to conduct calls and complete the "Emergency Response Information Form," when necessary.
- 7. Supervise the prompt referral of all clients needing assistance to PFS counselors/volunteers. Supervise the follow-up for "non-responding" individuals to ensure their safety.

<u>Emergency Preparedness Supervisors</u> – Martha Hakenkamp, Donna Barrett, Bob Esquivel During non-emergency operations

1. Schedule an annual review and update of AP's Emergency Response Plan. Present changes to AP's Division Supervisors for approval, *and*

- 2. Upon approval, distribute revised copies to all disaster staff members or provide a hyperlink and request that each member review the Emergency Response Plan and that they fully understand the responsibilities of their assignments, including the appropriate procedures in the event of an emergency and the proper use of all forms specifically developed for use in an emergency situation, and
- 3. Schedule an emergency drill or table-top-drill with all disaster staff every other year.

During an emergency situation

Conduct training sessions as necessary with the staff and volunteers responsible for contacting clients. These sessions will include instructions on proper completion of the information forms (including those used to track resources expended) and the correct procedures for follow-up.

After an emergency

- 1. Conduct an evaluation with all principals.
- 2. Make recommendations for changes.

<u>Forms, Systems and Reference Developer</u> – Martha Hakenkamp, Joyce Kubicek

- Develop, with the assistance of appropriate intake staff, the form(s) to be used by AP staff who will be contacting older adults to document their needs during an emergency situation. Review and update the form(s) on an annual basis. Location of Contact, Expenditure and Time Tracker forms): F:\Aging\Administration\Director\Disaster_Safety\Current Disaster Plan Packet\Forms
- 2. Work with the Administrative Officer (Jennifer Hartman) to develop the forms necessary to track AP's expenditures and staff time devoted to a disaster situation that may qualify for reimbursement by federal funding sources.

Fiscal Officer - Jennifer Hartman

- Assist the Systems and Reference Developers (Martha Hakenkamp and Joyce Kubicek) with developing forms to track AP's expenditures and staff time devoted to a disaster situation that may qualify for reimbursement by federal funding sources. Assist with the annual review and update of those forms. Location of forms (Contact Form, Expenditure Form and Time Tracker Form): <u>Disaster Safety\Current Disaster Plan Packet</u>.
- 2. During an emergency situation, assist with training staff as needed on using the forms to track AP's resources expended.

Specialized Coordinators

Joyce Kubicek - Shelter Coordinator - Barb Straus as Backup

Sandy Lutz – Waiver Shelter Coordinator - Amy Hemje as Backup

Mitch Sump - Transportation Coordinator - (Vacant) as Backup

Jean Holt - Food Coordinator for clients – Velvet Hoskins as Backup

Gladys Cooper - Disaster Benefits Coordinator -- Sue Kramer as Backup

Mary Gross - Outreach and Assessment Coordinator – Velvet Hoskins as Backup

Specialized coordinators are responsible for the development and delivery of specific disaster recovery and supportive services. Coordinators work in a defined specialty service area such as transportation, food, emergency shelter, property clean up, energy and communications restoration, etc. Specialized coordinators may be pre-assigned or assigned on an as needed basis. Assignments for the Shelter

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Coordinator, Transportation Coordinator, Food Coordinator, Disaster Benefits Coordinator and Outreach and Assessment Coordinator are listed above.

- Participate or lead efforts to research, identify, and organize disaster related service resources.
 Collect all information regarding community or regional efforts to establish service resources on a continuing basis.
- 2. Coordinate and establish standard methods of referral, waiting lists, and referral priorities.
- 3. Inform all disaster staff of the availability of specialized service resources related to eligibility requirements, capabilities, referral methods, and service priorities.
- 4. Act as a specialized receiving point for all service requests from the Emergency Response Director (Randy Jones) and staff.
- 5. Maintain waiting lists and referral records for all requests for specialized services.
- 6. Communicate service requests to provider via telephone, fax, Internet or courier.
- 7. Collect, organize and communicate aggregate data regarding unmet needs, waiting lists and completed requests. Communicate data and situational information to the Division Supervisors.
- 8. Conduct or coordinate follow-up and evaluation activities with Emergency Response staff.

Job Responsibilities of Other AP Staff

Staff is not expected to report to work until they have taken care of their families and other personal matters related to the emergency.

Van Drivers

The van drivers will be on-call in emergency situations since they will not be utilized unless the City/County officials request assistance. When such a request is made, it is the responsibility of the Transportation Coordinator (Mitch Sump) to then contact and organize the drivers.

Lincoln/Lancaster Center Managers

The Lincoln/Lancaster Center managers will be responsible for contacting their own participants and opening their centers if able to do so. It will be the responsibility of the facility host to decide if the manager can open the aging center, and the manager should contact the facility host as soon as possible. The manager will be responsible for notifying AP's Emergency Response Center of the status of their aging center, especially if they are opening it. The aging centers will not be advertised as locations for individuals to access AP's emergency services.

PFS Counselors

The PFS Counselors are expected to report to the AP Emergency Response Center as soon as possible and should check with the Support Staff Supervisor (Vicky Piersol) regarding how they can assist.

Clerical Staff

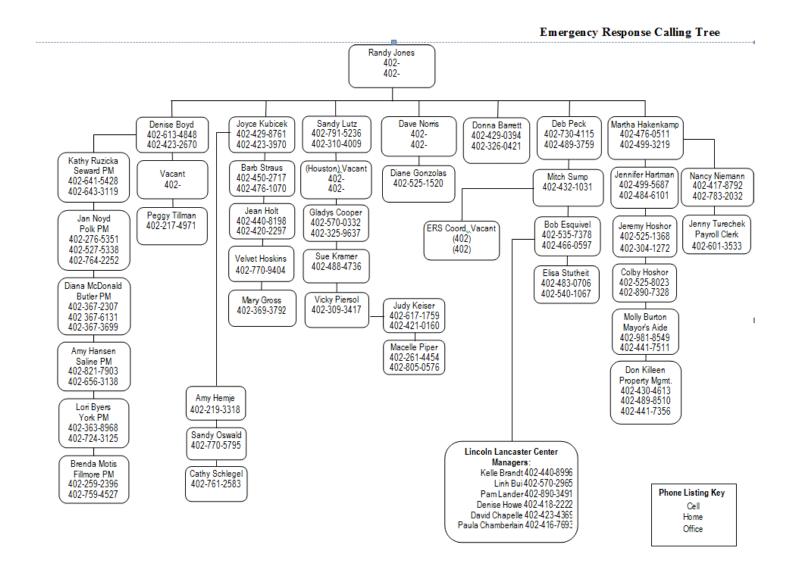
The clerical staff is expected to report to the Emergency Response Center as soon as possible and check with their immediate supervisor regarding how they can assist.

Central Kitchen Staff

The Central Kitchen staff will only be expected to report to work if it has been determined that at least one of the centers will be open. If none are, they will be on call in case it is decided that they can be of use in another capacity.

Other Administrative Staff

Other administrative staff should also report as soon as possible to their direct supervisor who will assign duties. It will be the responsibility of all Senior Management Team members (Deb Peck, Denise Boyd, Jennifer Hartman and Dave Norris to keep the Personal & Family Services staff informed of the people they have available to assist at the Emergency Response Center.



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Emergency Response Call Sheet

1. Aging Partners Director (Randy Jones) contacts

- *the Public Relations Specialist (Dave Norris),
- *the Personal & Family Services Lancaster County Case Manager Supervisor (Joyce Kubicek)
- *the Community Activities & Services (CAS) Division Administrator (Deb Peck),
- *the Areawide Nutrition & County Programs Division Administrator (Denise Boyd)
- *the Director's Executive Assistant (Donna Barrett) and
- *the Administrative Program Manager, Martha Hakenkamp who in turn contacts the Accountant, Jennifer Hartman and Information Systems Specialist (Jeremy Hoshor)

2. The CAS Division Administrator (Deb Peck) contacts

- *the Handyman and Transportation Program Manager (Mitch Sump) who in turn contacts the Aging Partners Lifeline Program Manager (Vacant)
- *the Aging Partners Centers Manager (Bob Esquivel), who in turn contacts the Lincoln/Lancaster County Center Managers
- * the Foster Grandparent Program Director (Elisa Stutheit) who in turn contacts her volunteers

3. The APN Division Administrator (Denise Boyd) contacts

*the APN Program Assistant (Vacant) who in turn contacts the Program Managers in Seward, Polk, Butler, York, Saline and Fillmore Counties and Office Assistant Peggy Tillman.

4. The Aging Partners Accountant (Jennifer Hartman) contacts

*Assistants (Jenny Turechek and Nancy Niemann)

5. The Personal & Family Services Lancaster County Care Management Supervisor (Joyce Kubicek) contacts

*the Harvest Program (Sandy Lutz) who in turn contacts Financial Counselor Vacant, Aging Partners Information and Referral Supervisor, Gladys Cooper and Information and Referral staff (Sue Kramer) and PFS Office Manager (Vicky Piersol) who in turn contacts support staff (Judy Keiser, and Macelle Piper)

*the Medicaid Waiver Co-Supervisor Kathy Scheele who in turn contacts Medicaid Waiver Co-Supervisor Wendy Hanshaw, SCO and Quality Assurance Supervisor (Sandra Oswald) and Medicaid Waiver In-Take Specialist (Cathy Schlegel)

*the LHS Housing Care Management Supervisor (Barb Straus)

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Emergency Contacts for Butler County

Nebraska Emergency Management	402-471-7421
Rick Schneider	402-367-7400

American Red Cross	1-402-343-7700
KFOR	402-483-5100
KOLN/KGIN	402-467-4321

VOIP Communications 402-441-8324 (City Help Desk)

 Windstream Communications
 402-436-5557

 Electric System - Rural
 402-367-3081

 County Health
 402-367-3115

 County Sheriff
 402-367-7400

 Police Department
 402-367-3133

 Fire Department
 402-367-3530

 Public Utilities
 402-367-3135

Diane McDonald 402- (Cell)

County Program Manager 402-367-3699 (Home)

402-367-6131(Work)

 Becky Romshek
 402-304-1168 (cell)

 PFS Counselor
 402-538-3065 (Home)

Emergency Contacts for Fillmore County

Nebraska Emergency Management 402-471-7421 James Dunker 402-759-4932

American Red Cross 1-402-343-7700

KAWL/KTMX 402-362-4433

KOLN/KGIN 402-467-4321

Public Health Solutions 402-826-3880 (Office in Crete)

 County Superintendent
 402-759-4011

 County Sheriff
 402-759-4441

 Police
 402-759-3100

Exeter

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Police Department 402-266-5331
Perennial Public Power 402-362-3355

<u>Fairmont</u>

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Fairmont Light and Water 402-268-3341
Policy Department 402-268-7611

Geneva

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Electric System 402-759-4180
County Sheriff 402-759-4441
City Administrator 402-759-3109

Brenda Motis 402-759-4922 (Work) County Program Manager & 402-759-2396 (Home)

PFS Counselor

Emergency Response Call Sheet for Lancaster County

NETV- Daytime - Normal Hours	402-472-9333, Ext. 34	5 (Al Krause), Ext. 205 (Bob Huber)
NETV- Weekend - Off Hours	402-472-9333, Ext. 48	9 (Transmitter Control)
	Ext. 45	1 (Master Control)
NE Emergency Management Agency	402-471-7421 (formerly	called Civil Defense)
Lancaster County Emergency Center	402-441-7441 (James Da	avidsaver and Mark Hoskins)
American Red Cross - Lancaster	9-1-402-343-7700 or 402	2-441-7997
NE Emergency Road Conditions	402-471-4533 - Nov 1 to Apr 1 only	
KLIN (1400 AM)	402-475-4567 - Office	402-479-1400 - Studio
KFOR (1240 AM)	402-483-5100 - Office	402-489-1240 - Studio
		402-483-5611 - News Room
VOIP Communications	402-441-8324 City He	lp Desk
Windstream Communications	402-436-5557	
Lincoln Building & Safety	402-441-7521 – Admin	402-441-7061 - Inspection
Lincoln Electric System (LES)	402-475-4211 - Office	402-475-3233 - Emergency
L/L County Health	402-441-8000 - Admin	
County Sheriff (911 Emergency)	402-441-6500 - Admin	402-441-6000 –Non Emergency
Lincoln Police (911 Emergency)	402-441-7204 - Admin	402-441-6000 - Non Emergency
Lincoln Fire (911 Emergency)	402-441-7363 - Admin	402-441-3888 - Non Emergency
		Transport
Lincoln Public Works & Utilities	402-441-7548 - Admin	402-441-7701- Storm Water
		Emergency

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Emergency Contacts for Polk County

Nebraska Emergency Management	402-471-7421
Emergency Manager - Bob Carey	402-747-2231
American Red Cross	1-402-343-7700
County Sheriff	402-747-2231
KAWL	402-362-4433
KOLN/KGIN	402-467-4321
County Health	402-747-2211

Osceola

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Electric System 402-402-764-4381
Police Department 402-747-2231
Fire Department 402-747-3473

Cathy Peil 402-747-8227 (Center)

402-747-8904 (Home) or 402-910-6442 (husband's cell)

Polk

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557

Mary Brown 402-765-2311 (Center)

402-765-3181 (Home)

Shelby

VOIP Communications 402-441-8324 (City Help Desk)

 Windstream Communications
 402-436-5557

 Fire Hall
 402-527-5414

 Nebraska Public Power
 402-877- 275-6773

 Avis Rathje
 402-527-5158 (Center)

 402-527-5554 (Home)

Stromsburg

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Public Utilities 402-764-2561

Rural Public Power 402-764-4381 402-764-8174 (24 Hours)

Wilma Burke 402-764-8227 (Center) 402-764-3113 (Home)

Jan Noyd 402- 276-5351(Cell) County Program Manager 402-764-4471 (Home)

Amy Theis 402-747-2189 (Home) PFS Counselor 402-366-8224 (Cell)

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Emergency Contacts for Saline County

Nebraska Emergency Management	402-471-7421
Emergency Manager, B J Fictum	402-821-3010
American Red Cross	1-402-343-7700

 KWBE
 402-228-5923

 KOLN/KGIN
 402-467-4321

 County Sheriff
 - Alan Moore
 402-821-2111

<u>DeWitt</u>

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Utility Office 402-683-5025
Nebraska Public Power 402-800-422-7754

<u>Wilber</u>

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Electric System 821-3233
Police Department 821-2201
Public Utilities 821-3233

Amy Hansen 402-821-7903 (P Cell)
County Program Manager 402-656-3138 (Home)
800-778-3309 (Work)

Trudy Kubicek 402-416-9237 (Cell)
PFS Counselor 402-826-4053 (Home)

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Emergency Contacts for Saunders County

Nebraska Emergency Management 402-471-7421

Emergency Manager -

Terry Miller <u>Tm68041@yahoo.com</u> 402- 432-6598

American Red Cross 402-366-8713 or 402-362-3214

KOLN/KGIN 402-467-4321

Public Works

Wahoo Public Works J. Gibney 402-443-3222 Ashland Public Works Kent Hoadley 402-944-3387

Medical

Saunders County Medical Center 402-443-4191

Ashland EMS Cindy Hightshoe

<u>Traumaone76@yahoo.com</u> 402-730-8774

Wahoo EMS Michelle Libal

Msyverson23@hotmail.com 402-429-8933

County Sheriff

Saunders County Sheriff Kevin Stukenholz

kstukenholz@co.saunders.ne.us 402-443-1000

Nebraska State Patrol Steve Ayres 402-471-4680

Police Department

Ashland Police Marc Powell 402-944-2222

Wahoo Police Ken Jackson 402-443-4339

Fire Department

Wahoo Fire Dept Corey Wagner

wvfdchief@yahoo.com 402-443-5063

Ashland Fire Dept Brian Whitehead

Bpw99@hotmail.com 402-443-3856

Transportation

Wahoo Public Schools Galen Boldt 402-443-3051
Ashland Public Schools Zach Kassenbaum 402-944-2128

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Emergency Contacts for Seward County

Nebraska Emergency Management 402-471-7421 Emergency Manager 402-643-4722

Gary Petersen

American Red Cross 1-402-343-7700 or 402-441-7038

(24 hour emergency service)

County Sheriff 402-643-4578

KFRX/KFOR402-483-5100KOLN/KGIN402-467-4321KLKN402-434-8000

Milford

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557

Fire Department 402-643-3002

Policy Department 402-761-2772

Civil Defense 402-761-2876

Nebraska Public Power 402-877-275-6773

<u>Seward</u>

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
City Building and Safety 402-643-4869
Electric System 402-643-2927
Police Department 402-643-2579
Public Utilities 402-643-2927

Utica

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557
Fire Department 402-643-4578
Nebraska Public Power 402-877-275-6773

Kathy Ruzicka 402-643-3119 (Home) County Program Manager 402-761-3593 (Work)

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Emergency Contacts for York County

Aging Partners

Nebraska Emergency Management 402-471-7421 Emergency Manager – Gary Petersen 402-362-7744

American Red Cross 402-366-8713 or 402-362-3214

KAWL 402-362-4433

KOLN/KGIN 402-467-4321

VOIP Communications 402-441-8324 (City Help Desk)

Windstream Communications 402-436-5557

Perennial Public Power 402-362-3355 or 402-362-3357

Health and Human Services 402-362-4471

Public Works 402-363-2600

County Sheriff 402-362-4927

Police Department 402-363-2640

Fire Department 402-363-2610 Mainstay Communications 402-723-4448

(Henderson Phone System)

4 Corners Public Health 402-362-2621

Emergency Response Coordinator Vicky Duey/Laura McDougall

York County Aging Services 402-362-7626

Lori Byers 402-363-8968 (Cell) County Program Manager 402-724-3125 (Home)

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Summary of Emergency Management Contacts

Multi-county disaster response is coordinated through the state

Nebraska Emergency Management Agency (NEMA) 1300 Military Road, Lincoln 402/471-7421

Butler County Emergency Management PO Box 135 David City, NE 68632 402/367-7400

Fillmore County Emergency Management 900 G Street Geneva, NE 68361 402/759-4914

Lancaster County Emergency Services Jim Davidsaver, Director 555 S. 10th St., Room 046 Lincoln, NE 68508 402/441-7441

Polk County Emergency Management PO Box 567 Osceola, NE 68651 402/747-2231 Saline County Emergency Management PO Box 865 Wilber, NE 68465 402/821-3010 or 402/826-7200

Saunders County Emergency Management Terry Miller Tm68041@yahoo.com 402-432-6598

Seward County Emergency Management PO Box 153 Seward, NE 68434 402/643-4722

York County Emergency Management 16 Eastridge Drive, North York, NE 68467 402/362-5024 or 402/363-2675 (office)

ACTIVE SHOOTER

Run

If you hear gun shots, go the other direction. Get as far away from the gun shots as you can. Review your escape options. Alert other staff members and get as far away from the gun fire as you can! When you reach safety, call 911. All phones should display a sticker regarding when to dial 911 and the non-emergency number 402-441-6000.

Hide

Upon hearing gun fire and discovering that you don't have a way to remove yourself from the area, hide. Turn off the lights to your area. Lock the door(s) if possible. Prop anything you can find in front of the door in an effort to stop the shooter from entering. In most cases, the shooter will not take the time to search for anyone if their path is blocked. They will move on down the hall. Get out of site. Hide under a desk and keep very quiet!

Fight

If you cannot leave the area and there is minimal area to hide, your last option is to fight. Prepare to do whatever is necessary to stop the shooter. Grab a chair or a fire extinguisher. Position yourself in a place that will allow you to land the first blow. The more people hiding that can attack the shooter at the same time the better. Whatever force it takes. At this point, it is you or the shooter. Again, this option is your last option. Find a way to exit the area first!

We cannot live in fear of whatever might happen in life, but we can prepare to protect ourselves if and when emergencies arise. We practice exiting buildings during fire alarms. We take shelter during severe weather. We practice CPR and first aid activities.

Self-planning for your work area in the event of an active shooter will increase your safety. Talk about it and practice it.

BED BUGS

As a community gathering place it should come as no surprise if you heard that we had a bedbug sniffing dog in the Downtown Senior Center twice this week. Unfortunately, bedbugs have become a fact of life in our community. Our goal is to quickly identify and deal with situations as they arise.

In both cases this week we called Property Management who arranged for the services of a bedbug sniffing dog. There were no bedbugs found in the first instance which was suspected in the dining room. However the second found bed bugs in two upholstered chairs: one in the lobby and one in the lower level clinic waiting area. These chairs have been removed from the building and destroyed.

The participants who presented a situation which lead us to believe we needed to check for bedbugs were here to use clinic services. Peggy Apthorpe will be working with these participants to obtain services that can help them with the issues they are facing related to this infestation in their living environment.

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Protecting participants and staff from the inconvenience of a bedbug infestation is important to us all. The cost of addressing these situations is a factor but it simply must be included in the price of being an organization that helps people.

With that in mind, we will be doing the following to provide services and protect participants & staff from bedbugs:

Curtail items donated to the Senior Center

Remove upholstered chairs from public areas.

Call Property Management immediately if we suspect bedbugs.

I have linked information from Cooperative Extension on bedbugs below. http://lancaster.unl.edu/pest/bedbugs.shtml

For staff working in client homes where bedbug infestation is suspected, here is information that will help staff protect themselves while still providing services. http://www.vdacs.virginia.gov/pesticides/pdffiles/bb-healthcare1.pdf

Please call Deb Peck or Bob Esquivel at once if you suspect bedbugs in the building. Thank you for your help with this situation.

INFECTIOUS DISEASES

Pandemic Influenza Plan

The Administration on Aging requests that all States and Area Agencies on Aging include the pandemic flu as part of their disaster plan.

Advanced planning, prevention, communication and coordinated partnerships through the aging network will be critical to ensure the safety and ongoing care of older persons, before, during and after emergency events.

Mission

The mission of the pandemic influenza flu plan is to maximize the safety and well-being of our vulnerable elderly population, family caregivers and aging network service providers before, during and after a pandemic and to ensure the continuity of Older Americans Act programs and services of the Lincoln Area Agency on Aging DBA Aging Partners (AP) as of October 2009.

What is pandemic influenza?

The pandemic influenza is a respiratory virus that causes sudden fever, cough, headache, runny nose, sore throat, muscle aches and extreme fatigue. This is different than the seasonal influenza. It is easily transmitted between person to person with the potential to be extremely fatal.

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Planning and prevention

Aging Partners staff must practice and teach prevention. The following will be strongly encouraged:

- Cough etiquette
- Proper hand-washing technique
- Using alcohol-based hand gel
- Keeping hands away from eyes and mouth
- Using your own office equipment
- Staying within your work area
- Receiving an annual flu vaccine
- Avoiding others if you are sick, you may be asked to go home

Communication

The availability and dissemination of timely and appropriate information to staff, clients, and service providers will be one of the most important facets of the pandemic response.

AP will partner with Nebraska Health and Human Services, local health departments, emergency management officials and professional organizations to ensure accurate information before, during and after the pandemic flu emergency.

The Director or designee will be the key communication contact. The Director or designee will utilize the Agency's Supervisors or their designees to assist with the dissemination of information to staff, clients and service providers.

Communication will be provided through e-mail and/or telephone. An Agency staff telephone tree will be activated. Staff working at alternate sites will maintain contact with their supervisor.

Coordinated services

AP staff will work to continue the operation of home and community-based services as effectively as possible. Alternate operations will be issued from the direction of Nebraska Health and Human Services, local health departments, and/or emergency management officials. Pandemic Flu Plans for services such as care management, senior care options, Medicaid Waiver, senior centers, nutrition and fiscal are attached.

Train and prepare staff

Training and exercises of the pandemic flu plan is essential to demonstrate and improve the plan. All staff will receive a copy of the plan. Each department will test its plan to ensure workability and reliance.

Personnel Issues

Please refer to the Agency's Personnel Policy on issues such as attendance, sick leave, travel, etc.

Ebola Virus

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans: Ebola virus (*Zaire ebolavirus*); Sudan virus (*Sudan ebolavirus*); Taï Forest virus (*Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*); and Bundibugyo virus (*Bundibugyo ebolavirus*). The fifth, Reston virus (*Reston ebolavirus*), has caused disease in nonhuman primates, but not in humans.

Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola virus remains unknown. However, on the basis of evidence and the nature of similar viruses, researchers believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five virus strains occur in an animal host native to Africa.

People get Ebola through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with or has died from Ebola,
- objects (like needles and syringes) that have been contaminated with body fluids from a person who is sick with Ebola or the body of a person who has died from Ebola,
- infected fruit bats or primates (apes and monkeys), and
- possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex)

What You Need to Know about Ebola

A person infected with Ebola is not contagious until symptoms begin

The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever and symptoms like severe headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Ebola is spread through direct contact with blood and body fluids

Ebola is spread through direct contact (through broken skin or mucous membranes) with

- Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
- Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.
- Possibly, semen from a man who has survived Ebola.

Ebola is not spread through the air, water, or food.

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Protect yourself against Ebola

There is no FDA-approved vaccine available for Ebola. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

DO wash your hands often with soap and water or use an alcohol-based hand sanitizer.

Do NOT touch the blood or body fluids (like urine, feces, saliva, vomit, sweat, and semen).

Do NOT handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles, or medical equipment.

Do NOT touch the body of someone who has died of Ebola.

If you get sick with a fever or other Ebola symptoms

- Get medical care right away.
- Do NOT go out in public until you talk to a public health worker.
- Do what your public health worker told you to do if you got sick.
- If you are not able to speak with someone right away, call:
 - Your state or local health department
 - CDC (1-800-232-4636)
 - 911 if it is a medical emergency and tell them you were in a country with Ebola

http://www.cdc.gov/vhf/ebola/about.html

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FIRE Evacuation and Tornado Emergency Evacuation & Take Cover Policy & Procedures

Purpose - The purpose is to provide a plan of action in the event of an emergency and to prevent injury to employees and the public as per 29 CFR 1910.38 of the Occupational Safety and Health Administration's (OSHA) emergency and fire prevention plans.

Objectives - The objective of this policy is to establish written procedures outlining general guidelines in the event of any emergency. This written policy will address the following: fire, medical and police emergencies, general evacuation procedures, tornado and a practice drill on a regular yearly basis.

Department Responsibility - The Director is responsible for implementing this policy. All employees in the Aging Partners Downtown Senior Center are to be provided with this written information in order to protect themselves and assist others as needed in an emergency. Signed employee statements indicating they have read the procedure will be collected and filed in the personnel folders. Supervisors are responsible for making sure that the statements have been signed and delivered to administration for filing in the personnel records.

EMPLOYEE RESPONSIBILITY:

- FOLLOW DIRECTIONS of the Emergency Captain(s) on your floor, assist them as requested.
- KNOW WHERE the First Aid Kits, Fire Pulls and Fire Extinguishers are located and how to use them.
- DO NOT LOCK THE DOORS in any emergency situation.
- DO NOT USE THE ELEVATOR in a Fire Evacuation situation.
- WALK, DON'T RUN AND DO NOT PANIC when evacuating during an emergency.
- "OUTPOSTED AGING PARTNERS STAFF" (Staff stationed in locations owned and operated by another
 entity or organization,) will maintain an understanding and awareness and follow the emergency
 policies and procedures approved at that location.

Emergency Captains (EC) will assist staff and guests with evacuation of the building in the event of Fire Emergency or to the lower level shelter in the event of a Weather Emergency.

Emergency Captains by floor:

1st Floor: Denise Howe, (1-7154) & Front Desk Receptionist on duty (1-7028) 2nd Floor: Waiver Office: Julie Reinwald (1-3481), Nancy Niemann (1-6695)

Jennifer Hartman (1-6136)

3rd Floor: Vicki Piersol (1-6148), Judy Keiser (1-6123)

Velvet Hoskins (1-6109)

Lower level: Denise Boyd (1-6160), & Elisa Stutheit, (1-6105)

- 1. Notify Staff & Participants: identify the nature of the emergency and proceed with recommended plan of action.
- 2. Do not lock the doors check to see that all the main doors have been closed.
- 3. Check all rooms (including bathrooms) make sure that everyone has been cleared from your area.
- 4. Exit the building in a Fire Emergency, using the closest Emergency or stairwell exit. <u>Do not use the elevator</u> unless authorized by a uniformed firefighter. Fire Department personnel will operate the elevator.

Disabled staff or guests should be escorted to the nearest exit stairwell, the Emergency Captain or other staff member should stay with them until emergency fire personnel arrive to escort them out of the building.

During a Weather Emergency, the elevator <u>may be used</u> to transport the disabled or handicapped to the lower level shelters.

- 5. Instruct all staff where to meet should evacuation be necessary. The current meeting point is the Gold's Galleria Building (11th & 0 St) or in the event of a weather emergency, the lower level shelters.
- 6. Advise employees when to return to work based on information by authorized personnel.

 Each Emergency Captain should have a current list of employee contact numbers available.

GENERAL FIRE EVACUATION PROCEDURES

During an event that requires evacuation of the building, staff and guests should quickly and calmly exit the building using the nearest emergency or stairwell exit.

The Gold's Galleria Building (11th & 0 St) has been designated as the safe meeting place to check in when evacuating the building. In the event of inclement weather staff and guests may wait inside the Gold's building.

- 1. Immediately check in with your Emergency Captain (EC) or supervisor, check for injuries and or have first aid administered if needed.
- 2. Staff may be asked to help by identifying who was at work, who was in the field, who was absent for the day or who may be waiting to be escorted out due to a disability.
- 3. The EC will give information to the Director or the Director's Executive Assistant, who will inform the rescue workers who are on the scene as to whether or not there are people still believed to be in the building **OR** if any staff has suffered injuries or need immediate medical care.

MEDICAL EMERGENCY

The person who becomes aware of a medical emergency needs to call the paramedics.

- 1. Call 911, give a clear description of the medical emergency and your location.
- 2. Alert the EC of the present situation, if appropriate, the EC should have a qualified person provide first aide.
- 3. Inform the Front Reception desk (1-7028) that medical personnel have been called where to direct them upon their arrival.

POLICE EMERGENCY

If, at any time, an Aging Partners staff member feels that his or her personal safety is in jeopardy, the offending party will be asked to leave the center. If the offending party refuses, a call will be made to local law enforcement. These situations, rare as they may be, would involve threatening, violent or aggressive behavior, overt interference with the normal operations of the center or commissions of an illegal act. These behaviors will not be tolerated. The person who becomes aware of an emergency requiring the police can discuss the matter with an Emergency Captain (EC) or the supervisor present IF THERE IS TIME, or freely initiate action herself/himself

IF THERE IS NOT TIME:

- 1. Call 911, give a clear description of the situation and your location.
- State any other emergency alarm systems that alert staff and/or police about Intruders or immediate danger.
- 3. Inform the Front Reception desk (1-7028) that the Police have been called and where to direct them upon their arrival.

FIRE EMERGENCY

Any staff member who detects a fire should call 911 to report it and alert staff to evacuate the building. The Emergency Captain (EC) will ask for other staff to help expedite matters; alerting all floors of the necessity for evacuation.

- 1. EC's will check all rooms to make sure that everyone has been cleared, prior to exiting the building.
- 2. If alarms are NOT sounding, pull one of the red manual-pull fire alarms located on each floor.
- 3. If the fire is small and seems easily containable, the staff should attempt to put it out using the fire extinguishers, but ONLY after being assured that the alarm has been sounded. The fire department should still be notified immediately and staff alerted, as a back up measure.
- 4. When using a fire extinguisher be certain the staff is between the fire and the nearest exit, and they should be prepared to cease trying to put out the fire and leave the building if the fire spreads or is not immediately extinguished.
- 5. Visitors/Clients should be escorted to the nearest exit on each floor.
 - a. Disabled visitors/clients should not use the elevator for evacuations in case of a fire. Instead, the EC will stay with any disabled person(s), escorting them to the nearest exit stairwell exit until emergency personnel arrive to escort them out of the building.
- 6. The EC will advise participants/clients when to return to the building based on information from a fire official.

Note: With the great amount of electrical equipment in the building a fire may release toxic fumes. Heavy smoke and poisonous gases collect first along the ceiling. Stay below the smoke at all times. Cover your nose and mouth with a wet cloth if possible. When approaching a closed door use the palm of your hand and forearm to feel the lower-middle and upper parts of the door.

If the door is hot to the touch, DO NOT OPEN IT. Seek an alternate escape route.

FIRE Emergency Evacuation Procedure 233 South 10th- Suite 101

All Aging Partners staff working in this location will be trained and responsible for evacuation of the building while on duty.

The 233 Building has an electronically generated fire alarm system, and no manual alarm pulls. If a fire is discovered and the alarm is not already sounding, call 911 and give them a clear description of the fire and the location. Fire extinguishers are available to combat the fire if it seems a prudent option, but not until 911 has been contacted.

There are two exits from this area of the building.

- The Front Door (East Door) of the building exits onto 10th Street and will be considered the primary exit.
- The Northwest Door of the building exits to the East/West alley and will be considered the secondary exit.

When the fire alarm has sounded, building evacuation is necessary. Staff on duty will proceed in the following way:

1. Staff on duty will alert program participants, volunteers and any other visiting staff in the area to exit the building in an orderly manner. Back halls and restrooms will also be checked for unnoticed individuals.

Page 127 April 29, 2016

- 2. Participants, volunteers and other visiting staff will be instructed to exit the building and to proceed to Enterprise Rent-A-Car, located at 310 South 10th, located diagonally south from the 233 Building.
- 3. When fire or police personnel indicate it is safe to re-enter the building staff will instruct participants to do so.

Aging Partners 1005 "O" Street TORNADO EMERGENCY (TAKE COVER PLAN)

When advised of a <u>TORNADO WARNING</u>, outside tone alerts will be sounded, Emergency Captains (EC) will instruct staff and guests to move to the designated shelter areas. Elevators may be used to facilitate evacuation to a safe location.

Tornado Shelter Locations:

- Lower level (basement) Conference Room
- · South Fire Exit Corridor located south of the Lower Level (basement) elevator lobby

All Aging Partners staff working in this location will be trained and responsible for facilitating the safety of participants, volunteers and visiting staff in the event of a tornado.

The basement or lower level of the 233 Building has been designated a safe area, "Take Cover" location in the event of a tornado. Aging Partners staff, volunteers and program participants will gather in the lounge area of the basement.

In the event that the "Tornado Warning" Take Cover Sirens are sounded, Aging Partners Staff on duty will alert program participants, volunteers and any other visiting staff in the area to evacuate to the basement of the 233 Building. Back halls and restrooms will also be checked for unnoticed individuals.

Elevators may be used in evacuation, but ONLY during the "Tornado Watch" phase of the weather watch. Once the Tornado Warning sirens have sounded, the stairs are the only option. Staff will assist participants needing help to the safe area in the basement. The stairs are located in the middle of the south area of Suite 101.

Aging Partners staff and all evacuated persons will remain in the basement until an official all clear notification has been issued.

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LINCOLN
The Community of Opportunity

January 27, 2015

Mark Leonard, General Manager/CEO Nebraska Educational Telecommunications PO Box 83111 Lincoln NE 68501

Re: Letter of Agreement between NET & Lincoln Area Agency on Aging (LAAA) for the use of ETV Studio as an Alternative Emergency Site.

Dear Mr. Leonard:

It is our hope that Nebraska Educational Telecommunications (NET) will continue to act as an alternate emergency site for the LAAA, dba Aging Partners, by providing physical space and telephones during an emergency in which Aging Partners is unable to use their primary site at 1005 O Street in downtown Lincoln. If approved, the agreement will be effective for three years, January 1, 2015 through January 1, 2018.

There are approximately 10,690 elderly individuals living within the Lincoln/Lancaster area who are designated as frail. Most of these individuals live alone and are independent of any immediate supervision such as is available in nursing homes and hospitals. Most of these individuals have disabilities or handicaps. In the event of an emergency, it is the goal of Aging Partners to contact these frail elderly by phone to determine if they need any assistance, either emergency medical, or transportation to another location or food, etc. The names and addresses can be accessed via computer and hard copies of all individuals are printed each quarter.

Emergency Needs

Aging Partners understands that NET is willing to provide physical space within the NET building to accommodate approximately 20 persons. These individuals are listed on the enclosed "Calling Tree." Approximately 12 additional volunteers would be called in to help work the telephone lines. It is estimated that Aging Partners would need a minimum of 10 - 15 telephone lines. We anticipate the ability to use agency cell phones for some of the phone contact work.

Access to the Building

It is our understanding that NET is open from 8:00 a.m. until 10:00 p.m. Monday through Friday. In the event of an emergency during these hours, Aging Partners could access the NET building via the receptionist at the front desk. Should an emergency occur between the hours of 10:00 p.m. and 8:00 a.m. Monday through Friday or during the weekends, a telephone number will be provided by NET to Aging Partners. Arrangements would then be made to provide Aging Partners with access to the building.

Page 2

Mark Leonard, General Manager/CEO Nebraska Educational Telecommunications Letter of Agreement

Access to Telephone Lines

NET has a bank of telephone lines that are available to them during fund drives. These lines and the phones would be provided by NET to Aging Partners.

Fee

It is our understanding the NET sees this assistance to Aging Partners as a means of providing additional public service to the Lincoln area and that no fee for the use of the facilities or the phones would be assessed to Aging Partners.

The willingness of NET to assist Aging Partners staff in the event of a disaster within the city of Lincoln if the Aging Partners facility is no longer operational is greatly appreciated.

Thank you for this ideal location for an alternate control center.

Sincerely,

June Pederson, Director

Aging Partners

Approval: Effective: January 1, 2015 through January 1, 2018

Mark Leonard, General Manager/CEO Nebraska Educational Telegommunications

Dated this day of

June Pederson, Director

Aging Partners

SECTION G

Supporting Documentation

April 29, 2016

In accordance with Section 307 (a) (8)(A) and 306 (b) of the Older Americans Act, the Aging Partners (Lincoln Area Agency on Aging) Requests delivery of the following services:

Service	Location (Cities/Counties)
Assisted Transportation	Lancaster County
Caregivers Counseling	Lancaster County
Chore	Lancaster County
Congregate Meals	Lancaster County
Durable Medical Equipment	Lancaster County
Emergency Response System	Lancaster County
Health Clinic	Lancaster County
Health Education	Lancaster County
Home Delivered Meals	Lancaster County
Nutrition Education	Lancaster County
Supportive Services	Lancaster County
Transportation	Lancaster County
Volunteerism/Stipend	Lancaster County
Volunteerism	Lancaster County
Health Promotion/Disease Prevention	Eight Counties+
Financial Counseling	Eight Counties+
Nutrition Counseling	Eight Counties+
Caregivers Access Assistance	Eight Counties+
Caregivers Information Services	Eight Counties+

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Approval of the Area Plan for Fiscal Year 2016-2017 includes granting of the requested waiver.

^{2.} Services Related to the Area Agency on Aging's Administrative Function (A written explanation included)

^{3.} Provide Services of Comparable Quality More Economically (Supporting documentation included)

⁴ The waiver request is ongoing from year to year. A Request for Proposal was issued Date RFP published

FY2017

Aging Partners



1005 O Street - Lincoln, NE 68508-3628 - 402-441-6157 - fax: 402-441-6524 - aging.lincoln.ne.gov

Direct Service Waiver Request

Each year Aging Partners is required to file an update of the Area Plan with the State of Nebraska. The Plan covers the general administrative guidelines as well as detailed documentation on services.

In addition, if an area agency provides any direct services to the clients within the community, the State asks that the Agency file a Direct Service Waiver.

A public hearing will be conducted by Aging Partners Area Agency on Aging, a community aging services agency sponsored by the City of Lincoln, for the purpose of receiving public comment concerning options in the community for providing delivery of Assisted Transportation, Caregivers Counseling, Chore, Congregate Meals, Durable Medical Equipment, Emergency Response System, Health Clinic, Health Education, Home Delivered Meals, Nutrition Education, Supportive Services, Transportation, Volunteerism/Stipend and Volunteerism in Lancaster County as well as Health Promotion/Disease Prevention, Financial Counseling, Nutrition Counseling, Caregivers Access Assistance, and Caregivers Information Services throughout the eight county areas of Butler, Fillmore, Lancaster, Polk, Saline, Saunders, Seward and York.

These comments may include services as are now provided directly by Aging Partners in order to:

1) Assure an adequate supply of services.

The hearing will be held in the lower level conference room of Aging Partners Offices located at 1005 "O" Street on February 25, 2016, 2:00 p.m. at which time all persons interested may be heard. Written comments should be sent to Aging Partners, Attention: Rebecca Meyer, 1005 "O" Street, Lincoln, Nebraska, 68508.

Written comments must be <u>received</u> by February 24, 2016 to become part of the Public Hearing record. For information call 402-441-6153.

Committee/Group:	Butler Co. I	Series Service	وم	
Signed: Din oa	maderala	_Today's Date	2-16-16	

Serving Eight Counties in Nebraska:

Butler Fillmore Lancaster Polk Saline Saunders Seward York

February 25, 2016



FY2017

1005 O Street Lincoln, NE 68508-3628 402-441-6157 fax: 402-441-6524 aging.lincoln.ne.gov

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Committee/Group: Today's Date: Jan 20, 2016

Serving Eight Counties in Nebraska: February 28, 2018

Butler Fillmore Lancaster Polk Saline Saunders Seward York



FY2017

1005 O Street - Lincoln, NE 68508-3628 - 402-441-6157 - fax: 402-441-6524 - aging.lincoln.ne.gov

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Written comments must be <u>received</u> by February 24, 2016 to become part of the Public Hearing record. For information call 402-441-6153.

committee/Group: Polk County Senior Services

signed: Today's Date: 2-16-2016

Serving Eight Counties in Nebraska:

Butler Fillmore Lancaster Polk Saline Saunders Seward Sewa



FY2017

1005 O Street Lincoln, NE 68508-3628 402-441-6157 fax: 402-441-6524 aging.lincoln.ne.gov

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Committee/Group: Saline County Hging Services

Serving Eight Counties in Nebraska:

Butler Fillmore Lancaster Polk Saline Saunders Seward Reboyer R6, 2016



FY2017

1005 O Street Lincoln, NE 68508-3628 402-441-6157 fax: 402-441-6524 aging.lincoln.ne.gov

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Committee/Group: Seward County	agina Services	Commission Braid
Signed: Onn Woll	Today's Date:	1-25-16

Serving Eight Counties in Nebraska:

February 28, 2018

Butler Fillmore Lancaster Polk Saline Saunders Seward York

FY2017

Aging Partners



1005 O Street Lincoln, NE 68508-3628 402-441-6157 fax: 402-441-6524 aging.lincoln.ne.gov

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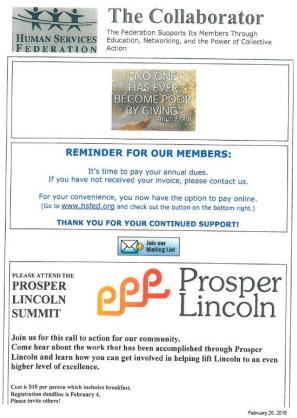
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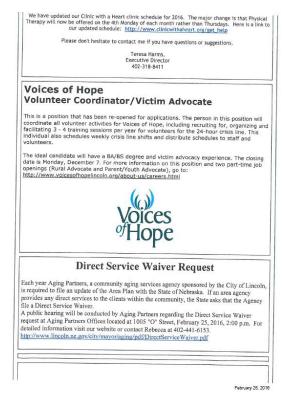
Serving Eight Counties in Nebraska:

Butler Fillmore Lancaster Polk Saline Saunders Seward York

February 26, 2016

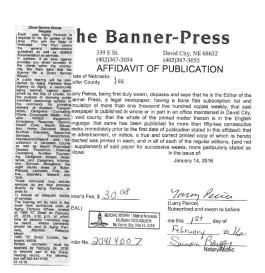


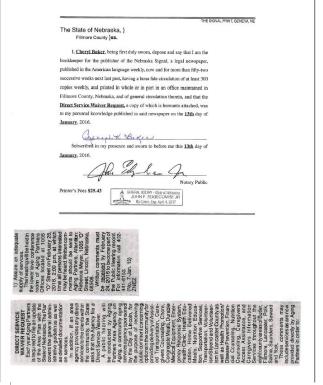




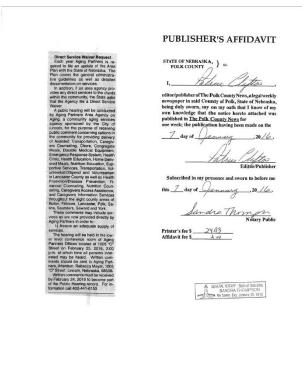
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AFFIDAVIT OF PUBLICATION

State of Nebraska]

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County of Saunders]

Lisa Brichacek, being duly yourn, upon outh, deposes and says that she is the Editor of The Wahoo Newspaper, a legal newspaper of general circulation in Saunders County, Nebreska, and published therein, that said newspaper has been established for more than one year last past with at it has a home-filed paid subscription list of more than three hundred; that the said newspaper has been established for more than one year last past with at the as home-filed past subscription list of more than three hundred; that the other personal home-filed past subscription list of more than three hundred; that the other personal home-filed past subscription list of more than the hundred past of the State of Nebraska. The above facts are within my personal knowledge.

And that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge.

Disect factors without filespools that the said newspaper once each week, the first insertion having been continued in the said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge.

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Lisa Brichacke

Editor

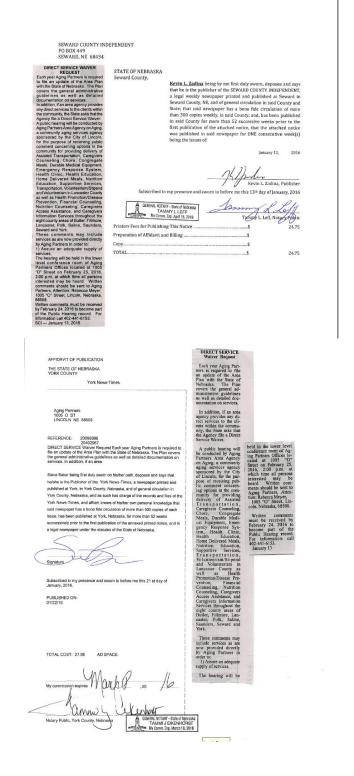
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Page 142

Orignally submitted: February 26, 2016 Submitted with Annual Plan: April 29, 2016 Revised per SUA instructions: July 28, 2016



Aging Partners Areawide Advisory Council Aging Partners Office 1005 O Street, Lower Level Conference Room Lincoln, Nebraska 68508

> AGENDA February 25, 2016 1:00 p.m.

1:00 Call meeting to Order Kathy Stokebrand

Announcements:

New Aging Partners Director Randy Jones New Fillmore County Representative Linda Heinisch Steve Walline resigned from Areawide Council

Business

Minutes from November 19, 2015 Kathy Stokebrand

Director's Comments Aging Partners-Moving Forward State Monitoring Visit Legislative Update

Future Meeting Locations Kathy Stokebrand

Teleconferencing Options Randy Jones

2:00 Public Hearing

Kathy Stokebrand/ Direct Service Waiver Request Martha Hakenkamp

Quarterly Data Report Martha Hakenkamp

Farmers' Market Coupon Redemption Denise Boyd New Program Manager - Butler County Senior Services Denise Boyd

County Perspectives

3:00 Adjournment

Randy Jones

Revised per SUA instructions: July 28, 2016

Aging Partners



FY2017

1005 O Street Lincoln, NE 68508-3628 402-441-6157 fax: 402-441-6524 aging.lincoln.ne.gov

June Pederson, Director junepederson@lincoln.ne.gov

Public Hearing for Aging Partners Direct Service Waiver

At 2:00 p.m. on Thursday, February 25, 2016, the Public Hearing for Direct Service Waiver was held at 1005 O Street, Lower Level Conference Room during Aging Partners Areawide Advisory Council meeting. Chairperson Kathy Stokebrand served as hearing officer.

Program manager Martha Hakenkamp explained that it is mandated that an Area Agency wanting to provide direct delivery of services must apply for a Direct Service Waiver. The announcement of the Public Hearing for a Direct Service Waiver was published in the official County newspapers of Aging Partners eight-county service area. It was also announced in the Human Services Federation newsletter, at each participating County's local advisory board meeting and was listed on Aging Partners website.

There was no public attendance at the hearing and no written comments or calls from the public were received. The hearing was closed at 2:10 p.m.



Assurances

The Area Agency on Aging assures and certifies, with respect to this area plan that it will comply with all applicable federal and state regulations or laws as they relate to this application. It will also comply with all of the following pages of assurances and certifications. Signing of the signature page and initialing and dating each page of the assurances indicates acceptance of these assurances and certifications.

Assurances required by the Older Americans Act of 1965, as amended in 2006

The Area Agency on Aging agrees that it shall:

Requirement: OAA 306(a)(2)

Assurance: Provide assurances that an adequate proportion, as required under Section 307(a)(2), of the amount allotted for Part B to the Planning and Service Area will be expended for the delivery of each of the following categories of services:

- services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- in-home services, including supportive services for families of older individuals who are victims
 of Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 and
- legal assistance; the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Requirement: OAA 306(a)(4)(A)(i)

Assurance: Provide assurances that will (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement: (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and include proposed methods of carrying out the preference in the area plan.

Requirement: OAA 306(a)(4)(ii)

Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

- specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

 meet specific objectives established by the Area Agency on Aging, for providing services to lowincome minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

Requirement: OAA 306(a)(4)(A)(iii)

Assurance: With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- identify the number of low-income minority older individuals in the planning and service area;
- describe the methods used to satisfy the service needs of such minority older individuals; and
- provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

Requirement: OAA 306(a)(4)(B)

Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

- older individuals residing in rural areas;
- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English proficiency;
- older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
- older individuals at risk for institutional placement; and inform the older individuals referred to in A. through F., and the caretakers of such individuals, of the availability of such assistance.

Requirement: OAA 306(a)(4)(C)

Assurance: Provide assurance that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Requirement: OAA 306(a)(5)

Assurance: Provide assurances that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

Requirement: OAA 306(a)(8)

Assurance: Provide that case management services provided under this act through the Area Agency on Aging will:

- not duplicate case management services provided through other Federal and State programs;
- be coordinated with services described in subparagraph A; and
- be provided by a public agency or a nonprofit private agency that:
 - gives each older individual seeking services under this act a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging;

- give each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- o is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

Requirement: OAA 306(a)(9)

Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

Requirement: OAA 306(a)(11)

Assurance: Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

- o information concerning whether there is a significant population of older Native Americans in the planning and service area, if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- o an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI; and
- an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Requirement: OAA 306(a)(13)(A)

Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Requirement: OAA 306(a)(13)(B)

Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

- the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- the nature of such contract or such relationship.

Requirement: OAA 306(a)(13)(C)

Assurance: Provide assurances that it will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contracts or such commercial relationships.

Requirement: OAA 306(a)(13)(D)

Assurance: Provide assurances that it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contracts or such relationships.

Requirement: OAA 306(a)(13)(E)

Assurance: Provide assurances that it will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

Requirement: OAA 306(a)(14)

Assurance: Provide assurances that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 306(a)(15)

Assurance: Provide assurances that funds received under this act will be used;

- to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

Older Americans Act

• The Nebraska Department of Health & Human Services - State Unit on Aging (SUA) assures through the area agencies on aging:

Requirement: OAA 305(c)(5)

 Assurance: In the case of a State specified in subsection (b)(5), the State agency and the Area Agency on Aging shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(3)(B)(i)

Assurance: The plan shall with respect to services for older individuals residing in rural areas; (i)
provide assurances that the State agency will spend for each fiscal year, not less than the
amount expended for such services for fiscal year 2000.

Requirement: OAA 307(a)(7)(B)

- Assurance:
- (i) No individual (appointed or otherwise) involved in the designation of the State agency or Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this chapter;
- (ii) No officer, employee, or other representative of the State agency or Area Agency on Aging is subject to a conflict of interest prohibited under this chapter; and
- (iii) Mechanisms are in place to identify and remove conflicts of interest prohibited under this chapter.

Requirement: OAA 307(a)(11)

- Assurance: The area agencies on aging will:
- (A) (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

- (ii) include in any such contract provisions to assure that any recipient of funds under division
 will be subject to specific restrictions and regulations promulgated under the Legal Services
 Corporation Act (other than restrictions and regulations governing eligibility for legal assistance
 under such Act and governing membership of local governing boards) as determined
 appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this act, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- (B) Assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this act on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
- (D) To the extent practicable, that legal services furnished under the plan will be in addition to
 any legal services for older individuals being furnished with funds from sources other than this
 act and that reasonable efforts will be made to maintain existing levels of legal services for older
 individuals;
- (E) Area Agency on Aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)

- Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals:
- A). Any Area Agency on Aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred;
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.
- B). The State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
- C). All information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

Requirement: OAA 307(a)(15)

- Assurance: If a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the Area Agency on Aging for each such planning and service area:
- (A) to utilize, in the delivery of outreach services under section 3026(a)(2)(A) of this act, the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and
- (B) to designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include;
- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Requirement: OAA 307(a)(26)

• Assurance: Funds received under this act will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this act.

Requirement: OAA 307(a)(27)

• Assurance: Area Agency on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Requirement: OAA 304(b)(5)(d)(1)(A)

• Assurance: From any State or Area Agency on Aging's allotment, after the application of section 308(b) of this act, under this section for any fiscal year, such amount as the State agency determines, but not more than 10 percent thereof, shall be available for paying such percentage as the agency determines, but not more than 75 percent, of the cost of administration of area plans.

Requirement: OAA 304(b)(5)(d)(1)(D)

Assurance: The remainder of such allotment shall be available to such State only for paying such
percentage as the State agency determines, but not more than 85 percent of the cost of
supportive services, senior centers, and nutrition services under this act provided in the State as
part of a comprehensive and coordinated system in planning and service areas for which there is
an area plan approved by the State agency.

Requirement: OAA 339 Nutrition

- Assurance: A State or Area Agency on Aging that establishes and operates a nutrition project under this chapter shall:
- 1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services, and
- 2) ensure that the project -
- (A) provides meals that -
- (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,

- (ii) provide to each participating older individual -
- (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
- (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
- (III) 100 percent of the allowances if the project provides three meals per day, and
- (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
- (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
- (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
- € provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
- (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,
- (G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals,
- (H) ensures that each participating Area Agency on Aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals eligible under this act,
- (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and
- (J) provide for nutrition screening and, where appropriate, for nutrition education and counseling.
- (K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.

Requirement: OAA 361

• Assurance: (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 of this act to provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. In carrying out

- such program, the Assistant Secretary shall consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.
- (b) The Assistant Secretary shall, to the extent possible, assure that services provided by other community organizations and agencies are used to carry out the provisions of this part.

Requirement: OAA 362 Distribution to Area Agency on Aging

- Assurance: The State agency shall give priority, in carrying out this part, to areas of the State:
- (1) which are medically underserved; and
- (2) in which there are a large number of older individuals who have the greatest economic need for such services.

Code of Federal Regulations - Title 45 - Public Welfare

§ 1321.5 Applicability of other regulations

Several other regulations apply to all activities under this part. These include but are not limited to:

- (a) 45 CFR part 16 Procedures of the Departmental Grant Appeals Board;
- (b) 45 CFR part 74 Administration of Grants, except subpart N;
- (c) 45 CFR part 80 Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health & Human Services: Effectuation of title VI of the Civil Rights Act of 1964;
- (d) 45 CFR part 81 Practice and Procedures for Hearings Under Part 80 of this title;
- (e) 45 CFR part 84 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation;
- (f) 45 CFR part 91 Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;
- (g) 45 CFR part 92 Uniform Administrative Requirements for Grants Cooperative Agreements to State and Local Governments;
- (h) 45 CFR part 100 Intergovernmental Review of Department of Health & Human Services Programs and Activities; and
- (i) 5 CFR part 900, subpart F, Standards for a Merit System of Personnel Administration.

§ 1321.17(f)(8) Content of State Plan

The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

§ 1321.53 Mission of the Area Agency on Aging

(j) The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing,

brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

- (k) A comprehensive and coordinated community based system described in paragraph (a) of this section shall:
- 1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- 2) Provide a range of options;
- 3) Assure that these options are readily accessible to all older persons; the independent, semidependent and totally dependent, no matter what their income;
- 4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- 5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- 6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- 7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- 8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- 9) Have a unique character which is tailored to the specific nature of the community;
- 10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.
- (c) The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section. For the purpose of assuring access to information and services for older persons, the Area Agency on Aging shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. The area agency shall list designated focal points in the area plan. It shall be the responsibility of the area agency, with the approval of the State agency, to define "community" for the purposes of this section. Since the Older Americans Act defines focal point as a "facility" established to encourage the maximum collocation and coordination of services for older individuals, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points on aging. The Area Agency on Aging shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated. The Area Agency on Aging shall assure access from the designated focal points to services financed under the Older Americans Act. The area agency on aging shall work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points. The area agency may not engage in any activity which is

inconsistent with its statutory mission prescribed in the Act or policies prescribed by the State under § 1321.11.

§ 1321.61 Advocacy responsibilities of the Area Agency on Aging.

- (a) The area agency shall serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout the planning and service area.
- (b) In carrying out this responsibility, the area agency shall:
 - (1) Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons
 - (2) Solicit comments from the public on the needs of older persons;
 - (3) Represent the interests of older persons to local level and executive branch officials, public and private agencies, or organizations;
 - (4) Consult with and support the State's Long-Term Care Ombudsman Program; and
 - (5) Undertake on a regular basis activities designed to facilitate the coordination of plans and activities with all other public and private organizations, including units of general purpose local government, with responsibilities affecting older persons in the planning and service area to promote new or expanded benefits and opportunities for older persons; and
- (c) Each Area Agency on Aging shall undertake a leadership role in assisting communities throughout the planning and service area to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low income minority individuals. Such activities may include location of services and specialization in the types of services most needed by these groups to meet this requirement. However, the area agency may not permit a grantee or contractor under this part to employ a means test for services funded under this part.
- (d) No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private non-profit agencies and organizations contained in OMB Circular A-122.

§ 1321.65(b) Responsibilities of service providers under area plans.

(b) Specify how the provider intends to satisfy the service needs of low income minority individuals in the area served, including attempting to provide services to low income minority individuals at least in proportion to the number of low income minority older persons in the population serviced by the provider.

§ 1321.69 Service priority for frail, homebound or isolated elderly.

- (a) Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.
- (b) The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.

Code of Federal Regulations Title 29 Labor

§ 94.200 Requirements for Drug Free Workplace

There are two general requirements if you are a recipient other than an individual.

- (a) First, you must make a good faith effort, on a continuing basis, to maintain a drug free workplace. You must agree to do so as a condition for receiving any award covered by this act. The specific measures that you must take in this regard are described in more detail in subsequent sections of this act. Briefly, those measures are to:
 - (1) Publish a drug free workplace statement and establish a drug free awareness program for your employees; and
 - (2) Take actions concerning employees who are convicted of violating drug statutes in the workplace.
- (b) Second, you must identify all known workplaces under your Federal awards.

§ 29 U.S.C. 201 Fair Labor Standards Act

SUBJECT: Joint employment of home care workers in consumer-directed, Medicaid-funded programs by public entities under the Fair Labor Standards Act.

In the Final Rule, Application of the Fair Labor Standards Act to Domestic Service, 78 FR 60454 (Oct. 1, 2013),1 the Department modified the "third party employment" regulation, 29 CFR 552.109, to prohibit third party employers of domestic service employees—i.e., employers other than the individuals receiving services or their families or households—from claiming the companionship services exemption from minimum wage and overtime or the live-in domestic service employee exemption from overtime.

78 FR at 60480-85.2

Private agencies, non-profit organizations, or public entities3 may be third party joint employers of domestic service employees, and in particular home care workers, under the Fair Labor Standards Act (FLSA or "the Act"), 29 U.S.C. 201 et seq. Although the Final Rule did not change any of the longstanding case law or the Department's guidance about joint employment, the regulatory changes prohibiting third party employers from claiming the companionship services and live-in domestic service employee exemptions will require each public or private agency that administers or participates in a consumer-directed, Medicaid-funded home care program to evaluate whether it is an employer under the FLSA.

The Lobbying Disclosure Act of 1995

109 Stat. 703-Public Law 104-65

Sec. 18. Exempt Organizations.

An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form.

Disclosure of Lobbying Activities Form - LLL

To access the Disclosure of Lobbying Activities Form - LLL the web address is, www.whitehouse.gov/omb/grants/sflll.pdf.

Assurances - Non-Construction Programs

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age
- 7. Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (PL 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a

- result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 9. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C.
 - §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction sub agreements.
- 11. Will comply, if applicable, with fold insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (PL 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (PL 93-205).
- 13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §\$469a-1 et seq.)
- 15. Will comply with PL 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 16. Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

Nebraska Revised Statutes

Section 81-8,240 Terms, Defined.

- (1) Administrative agency shall mean any department, board, commission, or other governmental unit, any official, any employee of the State of Nebraska acting or purporting to act by reason of connection with the State of Nebraska, any corporation, partnership, business, firm, governmental entity, or person who is providing health and human services to individuals or service delivery, service coordination, or case management under contract with the State of Nebraska and who is subject to the jurisdiction of the office of Public Counsel as required by section 73-401, any regional behavioral health authority, any community-based behavioral health services provider that contracts with a regional behavioral health authority, and any county or municipal correctional or jail facility and employee thereof acting or purporting to act by reason of connection with the county or municipal correctional or jail facility; but shall not include (a) any court, (b) any member or employee of the Legislature or the Legislative Council, (c) the Governor or his or her personal staff, (d) any political subdivision or entity thereof except a county or municipal correctional or jail facility or a regional behavioral health authority, (e) any instrumentality formed pursuant to an interstate compact and answerable to more than one state, or (f) any entity of the federal government; and
- (2) Administrative act shall include every action, rule, regulation, order, omission, decision, recommendation, practice, or procedure of an administrative agency.

Section 81-8,254 Violations; Penalty; State Employee; Complaint; Effect.

A person who willfully obstructs or hinders the proper exercise of the Public Counsel's functions, or who willfully misleads or attempts to mislead the Public Counsel in his inquiries, shall be guilty of a Class II misdemeanor. No employee of the State of Nebraska, who files a complaint pursuant to sections 81-8,240 to 81-8,254, shall be subject to any penalties, sanctions, or restrictions in connection with his employment because of such complaint.

Section 81-2219 Area Agency on Aging;

Chief Executive Officer and Staff; Qualifications; Personnel Policies.

Each Area Agency on Aging governing unit shall establish minimum qualifications of education, training, and experience for its chief executive officer and written policies and procedures for the selection, appointment, and annual performance rating of its chief executive officer and staff.

Section 81-2220 Area Agency on Aging; Duties

An Area Agency on Aging shall:

- (1) Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older individuals;
- (2) Conduct public hearings, studies, and assessments on the needs of older individuals living in the planning and service area;
- (3) Represent the interests of older individuals to public officials and to public and private agencies or organizations;

- (4) Cooperate, coordinate, and plan with other agencies, organizations, or individuals to promote benefits and opportunities for older individuals consistent with the goals of the Nebraska Community Aging Services Act and the Older Americans Act, as now or hereafter amended;
- (5) Develop a one-year and a four-year area plan and budget for a comprehensive, coordinated program of community aging services needed by older individuals of the area and consistent with the requirements of the Nebraska Community Aging Services Act and the Older Americans Act, as now or hereafter amended;
- (6) Monitor and evaluate the activities of service providers to ensure that the services being provided comply with the terms of the grant or contract. When a provider is found to be in breach of the terms of its grant or contract, the Area Agency on Aging shall enforce the terms of the grant or contract;
- (7) Comply with rules, regulations, and requirements of the department which have been developed in consultation with the area agencies on aging for client and fiscal information and provide to the department information necessary for federal and state reporting, program evaluation, program management, fiscal control, and research needs; and
- (8) Provide technical assistance to service providers as needed, prepare written monitoring reports, and provide written reports of onsite assessments of all service providers funded by the Area Agency on Aging according to the rules and regulations promulgated by the department.

Title 15 - Nebraska Department of Health & Human Services State Unit on Aging

Chapter 1 - Nebraska Community Aging Services Act

001.07U - Plan amendment. Amendments to the Area Plan and Budget must be approved by the State Unit on Aging prior to implementation. Implementation of an amendment without prior approval shall constitute non-compliance and may be cause for withdrawal of designation.

001.07U1 - Amendments to Area Plans and Budgets. Any request for approval of amendment must be accompanied by:

- 1) Reason for the requested change;
- 2) Proposed amended budget;
- 3) Proposed amended level of service or goals and objectives;
- 4) Any pages of the Annual Plan and Budget (and the Area Plan and Budget) that are altered as a result of the changes; and
- 5) Records of public hearings on any changes which are substantial or which adjust scope or direction.

Chapter 2 – Care Management Units

These rules and regulations implement Neb. Rev. Stat. Sec. 81-2239 - Sec. 81-2236, R.R.S. 1943 (the Act) which directs the establishment of a statewide system of Care Management Units through the Area Agencies on Aging.

Chapter 3 – Long-Term care Ombudsman Program

These rules and regulations implement Nebraska Revised Statutes Section 81-2237 to 81-2264, which directs the establishment of a statewide long-term care ombudsman program. Other authorities for the program are: (1) Older Americans Act of 1965, as amended, 42 U.S.C. 3001 et seq., specifically, 42 U.S.C. Sections 3058f-3058h; (2) 42 CFR Sections 483.10 through 483.13; and (3) The Nebraska Nursing Home Act, Rev. Statutes of Nebraska, Article 60, Section 71-6019.

Chapter 4 – Senior Companion Volunteer Program

These regulations govern the Senior Companion Volunteer Program. The regulations are authorized by and implement the Nebraska Senior Companion Volunteer Program Act, Neb. Rev. Stat. Sections 81-2273 to 81-2283, and Section 81-2210.

Code of Federal Regulations - Title 49 - Part 29 - Appendix A - Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

- (1) The Area Agency on Aging certifies to the best of its knowledge and belief, that it and its principals to the following:
- (a) Are not presently debarred, suspended, proposed for debarment declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property.
- (c) Are not presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

OMB Circular A-129 - Appendix 3 - Certification of Non-Delinquency on Federal Debt

Assurance: Not delinquent on any Federal debt.

Each Attestation page requires an initial & date.